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Articles are, in some instances, listed in this index under more than one head. All Original Articles are listed under the heading "Original Articles" and each is also designated thus—(O)—after the author's name. All important business items of the annual meeting as recorded in our September and October Journal, will be found under the heading "Transactions of the House of delegates." All Clinical Reports, Marriages, Deaths, Medico-Legal Items, Therapeutic Notes, Public Health Items, Abstracts from Medical Journals, Editorials in our Journal, Editorials from Other Medical Journals, Editorials from the Lay Press will be found under those respective headings. Reports of County Societies and local organizations within their bounds, as well as those of State, National and International organizations will be found under "Societies." Brief items of current medical literature are indexed under "Miscellaneous Items." The abbreviations are as follows: (O) Original Articles; (C) Correspondence; (E) Editorials.

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DIAGNOSIS OF FREQUENCY OF URINATION IN MEN, WITH SUGGESTIONS ON TREATMENT.*

By A. Raymond Stevens, M. D., New York City.

On accepting the invitation of one of your members to discuss before this society some topic in the realm of surgery of the genito-urinary tract, I searched for a subject of general interest and concern. Frequency of urination is perhaps the most common symptom pertaining to the urinary tract, and at the same time is a complaint which must come frequently to the ears of every physician regardless of the main lines along which his work has developed. So many deductions are possible without a knowledge of the finer instrumental examinations, that I have undertaken a discussion from the practitioner's view-point of the differential diagnosis of causes of frequency of urination. To keep this paper within reasonable bounds, only conditions found in men will be considered.

In practice, given frequent micturition as the chief complaint, how shall we determine the cause? The routine prescription of sedative mixtures cannot be too strongly condemned; and to intelligently and adequately treat the patient, the *first* essential is a correct diagnosis.

As a preliminary, allow me to recall briefly the main facts concerning the physiology of urination. The expulsive force is furnished by the abdominal muscles and the intrinsic muscles of the bladder. There are two muscles preventing the constant dripping of urine, one—the external sphincter—under voluntary control, and the other—the internal sphincter—not under such control. All these muscles of course are regulated by nervous mechanisms. Obviously for normal urination, one must have intact muscles, and perfect integrity of nerve circuit—afferent nerves, lumbar cord and efferent nerves. As distention of the bladder proceeds, reflexly the internal sphincter relaxes, urine trickles into the prostatic urethra, a desire to urinate is felt, and the external sphincter holds or gives way depending on the volition of the individual. If the desire be thwarted, the irritating urine is forced back into the bladder. Increased bladder distention causes a renewal of the whole process, which may be repeated a number of times, the intervals of repose becoming shorter and the physiological appeals to urinate more insistent, till finally the external sphincter is powerless to resist. Without special knowledge of pathological conditions, one could easily assume from the physiology of urination that unavoidable frequent urination might be due to an abnormally large supply of urine, to faulty nervous control, to a contracted bladder, to an irritable bladder, to hypersensitiveness or irritation of the posterior urethra (which would magnify the sensory impulses sent to the spinal cord), or to weakness of the sphincter muscles. However, we know from experience that this last factor is rarely, if ever, an explanation of frequency, except the latter be accompanied by some degree of dribbling. So that we will dismiss this etiological possibility from consideration. The problem will be simplified by eliminating also "irritable bladder," for cystitis occurring alone or as a primary condition is exceedingly rare in men, and foreign bodies in the bladder cause frequency only when they occur about the vesical neck and thus irritate the trigone

*Read before the Somerset County Medical Society, October, 1913.

or posterior urethra; and for our purposes these two regions are conveniently grouped together. That reduces the causes of frequent urination, evident from a physiological consideration, to four. We have to add from experience but one, residual urine, to complete our classification.

The normal man voids urine from four to five times in 24 hours, usually at least eight ounces each time. This general statement is subject to qualifications. The season of the year, a sudden change of temperature, nervous influences, and the amount of fluid imbibed may transiently alter these figures. Copius sweating, frequent vomiting, and profuse diarrhoea deplete the body of fluid, and thus diminish renal secretion. Concentrated urine is irritating and creates a desire to empty the bladder before the amount usual for a given individual has accumulated. I have seen many a post-operative patient relieved of burning and frequency by introduction of more fluid in the body.

In listening to the complaint of frequent micturition, one too often takes a one-sided view, depending on professional inclination.

The internist thinks first of diabetes or nephritis, the surgeon of tuberculosis in the young and prostatic obstruction, in old men. We can avoid this first possible side-tracking by remembering that one fact, easily obtained, will usually at once place the case in either the medical or the surgical group. Medical frequency is as a rule due to increased total renal output; voidings are large, and of frequent occurrence because in 24 hours there is an abnormally large amount of urine to be expelled from the bladder. Surgical frequency is of relatively small amounts and due chiefly to pathological irritations or mechanical obstructions. I frequently secure accurate data on this point by having a record kept of the time and amount of every urination of the patient in a 24 hour period.

It is not our purpose to deal with the medical group, with conditions causing frequent micturition of large amounts, such as diabetes mellitis, diabetes insipidus, certain forms of nephritis, drug polyurias, nervous influences and the imbition of large amounts of fluid; but will pass on to the other and larger group—the small amount frequencies. The causes are legion, the differential diagnosis sometimes baffling, and the cure hopeless without a correct solution of the problem, which is obtainable in a logical scientific manner, approximating certainty to a degree rarely posible in the other anatomic systems of the body.

Our aim is a simple and helpful scheme of diagnosis rather than a complete classification of all possible causes of the symptom under discussion and, accordingly, the main factors and features are emphasized and many minor points and rare conditions are purposely omitted.

Our surgical or "small-amount" freqency cases fall roughly into four groups: (1) Those due to small bladder capacity; (2) Those due to residual urine; (3) Those due to lesions of the spinal cord; (4) Those due to irritablity of, or irritation of the posterior urethra or trigone.

1. *Small Bladder Capacity*—This condition is ascertained by injecting a sterile solution through a catheter into the bladder, to the point of tolerance. The decreased bladder capacity may be actual, that is, due to a contracture of the bladder, as in some instances of long continued prostatic obstruction or of an old cystitis. These true contractures are incapable of much dilitation under an anaesthesia. The important fact for emphasis in this connection, is that most so-called contracted bladders are only temporarily so, secondary to trouble elsewhere or to other conditions in the bladder. Hence our duty, on meeting with a bladder of small capacity, is to exclude a kidney infection or other primary trouble before attempting to treat a contracture of the bladder per se, by forcible dilatation.

2. The *presence of residual urine*—of urine remaining in the bladder after the patient has voided all he can, is obviously diagnosed by the catheter. If no urine be obtained by this procedure, one should inject sterile solution into the bladder and be able to recover it all, to prove that the catheter eye is in the bladder. Residual urine will point to obstruction of the urethra or to a lesion of the spinal cord. Rarely it may be caused by a stricture.. But a stricture of a calibre small enough to produce residual urine would have been encountered in catheterization. Hence otherwise, residual urine means prostatic or bladder obstruction or a cord lesion. In all such instances, one should not fail to try the simple and quickly applied tests for lesions of the central nervous system—the well known pupil reflexes and those of the leg. In doubtful cases, a complete neurological examination is called for. This practice incorporated into the *routine* of examination may save one the sad experience of trying to cure locomotor ataxia by

prostatectomy. Exclusion of a central nervous system lesion, leaves prostatic conditions and, less commonly, bladder neoplasms and calculi as the etiological factors of residual urine. Other symptoms, with rectal examination and cystoscopy, gradually narrow the possibilities to the true diagnosis.

With some practice, one will learn to distinguish by rectal touch typical cases of acute prostatitis, benign hypertrophy, carcinoma of the prostate and chronic prostatitis, all of which may cause residual urine. Although it should be said at once that chronic prostatitis is a rare etiological factor, unless so called "contracture of the neck of the bladder" cases be included in this category. Great help is derived from cystoscopy in differentiating prostatic conditions, but this would carry us too far afield. Indeed to my mind the correct interpretation of the views of the vesical aspect of the prostate is the most difficult phase of cystoscopic examination. Bladder papillomata will cause residual urine only when so situated that they can obstruct the vesical outlet. These and the calculus cases may be suspected from a history of sudden stoppage of urine with frequently terminal pain and blood. An unusual case came under my care at Bellevue Hospital the past summer. A man about 25 years old, complained of marked frequency of urination. He would void a small amount, press his hand against the perineum, pass more urine, and continue the process until comfortable, but he always had from 10 to 15 ounces of residual urine. He made his own diagnosis, and radiographs and cystoscopic examination confirmed the presence of a moderately large calculus. This had acquired the habit of plugging up the vesical outlet whenever the patient attempted to urinate. Suprapubic removal of the stone relieved the condition entirely.

3. *Frequency due to spinal cord lesion,* not associated with residual urine, is mentioned merely as a warning to be on the lookout for this easy pitfall, and to emphasize the well known fact that certain serious cord diseases not uncommonly are first brought to the attention of both patient and doctor by urinary symptoms.

4. *Frequency of urination due to irritability of, or irritation of, the posterior urethra and trigone,* the largest group of our classification—Many cases *apparently* in the first group really belong here. This fourth group includes many and various conditions of the kidney, ureter, bladder and prostate, thus grouped together because of what I believe to be a common physiological explanation of the frequency of urination symptoms—abnormal irritation of the prostatic urethra and vesical neck region. Infections of the kidney and ureter (notably tuberculosis) induce frequency, probably through the irritation of the prostatic urethra and trigone by some chemical substance present in the urine, not there in normal individuals. Bladder tumors, calculi, ulcers, etc., excite frequency as a rule only when situated near the vesical outlet. Ulcers located eleswhere in the bladder may induce frequency by not allowing full bladder distention or because of irritating products of inflammation. But the fact remains that bladder conditions causing frequency are usually situated near the posterior urethra. Prostatic conditions (not causing obstruction, which would put the case in the second group) induce this symptom only as they approach the posterior urethra. Renal and ureteral calculi, per se, do not excite frequent urination. This occurs only during an attack of ureteral colic, and then probably is a reflex phenomenon. With these disjointed statements in mind, we may proceed to differentiate the probable diagnosis of this interesting group of cases—urinary frequency due to irritation of the posterior urethra and trigone. A matter of first importance is to have the patient void urine in two or more glasses. The first glass represents bladder urine plus any exudate washed from the urethra; the later specimens give an accurate idea of the urine as it is in the bladder. These should be examined microscopically. We are concerned now with blood, pus and bacteria as revealed by the ordinary stains. The presence of pus means inflammation. The absence of bacteria on this hasty examination with presence of pus makes one think strongly of tuberculosis or an old gonorrhoeal process. The presence of red blood corpuscles may mean inflammation, calculus or neoplasm.

Remember that one should not draw any conclusions concerning the urinary tract above the urethra from the first urine voided—only from subsequent voidings. This mistake is far too frequent, as evidenced by the number of patients referred as cases of pyelitis, because of pus found in the urine—the first voided. Clear urine in the second glass is absolute proof that no pus or blood is coming from the kidneys or bladder at that time.

Supposing pus is present in the second and third urines voided, it comes from the bladder. Whether or not there is actual inflammation of the bladder wall can only be determined by the cystoscope, and whether it be present or not, the problem is not solved, for primary cystitis in men is rare. We are pretty safe in concluding that there is prostatitis or renal infection, or foreign body or ulcer in the bladder. The rare instances of extravesical abscess breaking into the bladder we need not consider here. Rectal palpation and microscopic examination of prostatic secretion together will usually quickly settle the question of infection of the prostate; and cystoscopy and ureter catheterization will clear up the location of higher infections. X-ray examination is our most reliable means of detecting renal calculi in men, but the cystoscope stands first in diagnosing vestical stones. It is not infrequent that a radiograph will fail to show a calculus in the bladder known to be present from cystoscopic observation, such calculus being composed largely of uric acid and urates.

Frequency of urination with *absence* of pus from the last urine voided, is most commonly due to chronic prostatitis and posterior urethritis. It might be due to an irritating drug such as urotropin is in some cases; to a papilloma of the prostatic urethra, to papilloma or stone about the vesical outlet, or to renal tuberculosis. Renal tuberculosis with perfectly clear urine according to the literature may cause urinary frequency. I have not had the good fortune to see such a case demonstrated. The modes of differentiation of these possibilities have already been hinted at. We must add to the rectal and bladder examination, direct observation of the posterior urethra through an endoscope. In cases of chronic prostatitis with urinary symptoms we are apt to find abnormal sensitiveness of the posterior urethra, easy bleeding of these parts, an enlarged inflamed verumontanum with sometimes superficial ulcerations.

After all, being human, we cannot help forming impressions from the history, which indeed is wise, not as a substitute for examination, but as confirmation of its results.

Frequency of urination in men past middle life, accompanied by hesitation in starting the flow, almost always means prostatic obstruction. In young people, frequent voiding with the same intervals day and night, of cloudy urine, one had better regard as renal tuberculosis and set out diligently to confirm or refute the assumption. Because the prognosis for early cases is good, while for late ones very bad. In men—usually below middle life and passing clear urine —frequency pronounced by day and not at night, means probably chronic inflammation or congestion of the verumontanum.

Treatment. In dealing with the treatment of all of these ailments, I cannot hope to do more than touch on points here and there.

Certain cases of pyelitis respond well to lavage of the renal pelvis with silver nitrate. But in most instances of renal infection, medical treatment (hexamethyleneamine, water, etc.) and operation are the only alternatives. That operation on a kidney should not be undertaken without previous ureter catheterization is so well impressed on the profession by experience as scarcely to need restatement. But the great value of certain function tests is not thoroughly appreciated. Many of these are valuable, but the phenolsulphonephthalien renal test is probably the most helpful and reliable, and also is easy of application. Enough work has been done with it to establish its value. The ability of each kidney to elimnate this drug can be measured in figures, affording not only knowledge of the relative value of the two kidneys but something tangible, in estimating their absolute efficiency. To my mind the latter feature is the important one. It would seem to be more reliable than any other test in affording a tangible estimate of the absolute functional value of a given kidney at a given time, as compared with a normal kidney under normal conditions.

Concerning the bladder conditions referred to, I would briefly call attention to the excellent results of litholapaxy in experienced hands, in dealing with vesical calculi. Most of these can be successfully dealt with in this manner, and I feel that for bladder stone, unaccompanied by prostatic hypertrophy, litholapaxy is the operation of choice for those surgeons constantly practicing urethral instrumenation, and that for them open operation should be reserved for patients presenting some definite contraindications for litholapaxy. The extraordinary results obtained by the high frequency cauterization in treating benign bladder papillomata has placed this method far in advance of a cutting operation, as regards the patient's immediate risk, his comfort and time, and the ultimate outlook. Recurrences are common after operation, uncommon after cauterization. Malig-

nant growths, if plainly so, of course demand excision. So that, the treatment of bladder neoplasms is no longer a simple operation, but is either cauterization by the high frequency current or wide excision.

The treatment of prostatic obstruction is a mechanical one, radical removal of the obstruction. Palliative measures are advisable in but a relatively few cases. With the care now employed in fitting these elderly patients for operation, and the possibilities of spinal anaesthesia where general anaesthetics are considered unsafe, a larger portion of the so-called "prostatics" come through a prostatectomy safely, than ever before. But prostatectomy is not the only means of removing obstruction. In some instances a small amount of tissue is accountable for all the obstruction, and special procedures not involving an open operation, done under local anaesthesia, are proving entirely successful in selected cases. I refer to modifications of the Bottini operation, the punch operation, and more recently cauterization by the high frequency current. The latter bids fair to take first place as the means of removing many small obstructions.

Perhaps the commonest cause of frequent urination is the one, concerning the treatment of which the average practitioner has the haziest views—pathological conditions of the prostate and prostatic urethra not associated with residual urine. Some milder cases are helped by medication, hyoscyamus or the balsams or the alkaline mixtures, and drinking large amounts of water. More commonly local treatments are indicated. Massage of prostate alone, skillfully done and at the right intervals, will sometimes effect relief. When the urine is clear, the mere passage of sounds is beneficial. Finally applications to the verumontanum by instillations or preferably through the endoscope will relieve another percentage of cases. Lastly, even curettage of the verumontanum may be advisable. Especially in the non-gonorrhoeal cases, it is wise to inquire and advise concerning common causes of congestion of this region, sexual excesses and irregularities. Failure to do so may mean a recurrence of the old symptoms, due to a re-establishment of what may have been the primary etiological factor. A neurotic element is not uncommonly present and must be dealt with by general measures.

Whether I have made the scheme of examination of a case of frequency of urination clear, or whether in spite of occasional protestations to the contrary I have allowed too much detail to cloud the issues, must be left to you. My original purpose was to emphasize a few simple procedures which enable one without *special* knowledge of the subject to stay near the true diagnosis in the majority of cases.

Briefly, then, in resume:

1. To obtain a clearer knowledge of a patient's complaint of frequency of urination have him keep a record for 24 hours of the time and amount of every urination.
2. Large amounts at each voiding usually indicate a medical ailment; small amounts, a surgical condition.
3. Make a practice of always having the patient void in two or more glasses. This is a very enlightening although simple procedure.
4. Small amount frequencies are due to
   (a) a small bladder capacity;
   (b) residual urine;
   (c) lesions of the spinal cord;
   (d) irritation of the posterior urethra and trigone.
5. Most cases apparently in group (a) really belong in group (d).
6. In dealing with the latter class, differentiate between those having pus in the last urine voided and those having clear urine. The infected cases are usually renal or prostatic in the final diagnosis, particularly when instrumentation has not been done. Frequency of urination by night as well as day in a young person, with pus in the urine but no easily found bacteria, is probably due to renal tuberculosis and much time should be spent trying to establish such a diagnosis. The non-affected cases are usually prostatic.
7. Residual urine is due usually to prostatic obstruction or to a spinal cord lesion.
8. Prostatic conditions can be diagnosed usually without the aid of special instruments, and bladder calculi and neoplasms are often suggested by the history.

Beyond this, in the accurate detailed localization of the causes of frequency of urination, one may not expect to go without considerable practice in the use of the endoscope, the cystoscope and the ureteral catheter.

"Ptomain poisoning" is one of the commonest, one of the most popular and fashionable diagnoses of the day among a certain class practitioners. Yet this diagnosis will seldom stand criticism. Many of the cases to which this name is given turn out to be appendicitis, gall-stones, intestinal obstruction, pancreatitis, a gastric crisis in tabes, lead-poisoning and other diseases having nothing to do with ptomains. —Richard C. Cabot.

SIMPLE FRACTURES OF THE UPPER EXTREMITY.*

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It seems to me that there is no subject upon which I am at all qualified to address you of more real importance than that of fractures. To those who are engaged in the practical every day work of caring for the sick and injured, there are few surgical problems which present themselves so persistently; and there are not many of man's common ailments whose end results depend so absolutely upon the skill of the attending doctor.

Although for ages one of the conditions amendable to surgical treatment, there seems to be no final solution of the many difficulties encountered, and no limit to the methods employed. Our results are probably better than those of earlier days, but none of us, I suppose, is really satisfied, and all of us are certainly anxious to adopt any measures which will still further improve our treatment and return our patients to normal living more promptly, if possible. The subject is of perennial interest. In the last few years it has engaged the attention of the profession very actively. The introduction of the operative treatment of simple fractures has stimulated our efforts toward better treatment without operation, and the whole matter has been reopened and thoroughly discussed.

There are three ideals toward which every form of treatment aims: 1. Perfect reduction. 2. Perfect fixation. 3. Perfect function. Unfortunately it is very difficult to reach these three ideals coincidently. To a certain extent the means used to attain part of the desired results interfere with the attainment of the rest of it. And I think, in observing the work of different men and different periods, we can see that their methods of treatment tend to emphasize one or more of the three ideals at the expense of the others. One operator will anesthetize his patient two or three times to obtain a perfect reduction, while another will be content with an approximate correction of deformity; one will fix the fracture in splints or plaster for so long a period that his patient will require months to regain good function, while another, less careful about exact fixation, may secure good use of joints and muscles in a few weeks, with, perhaps, a permanent deformity.

The surgical period, out of which we may be said to be emerging, emphasized the fixation of fractures, sometimes to the serious detriment of function. The present day tendencies, on the other hand, are emphasizing the importance of maintaining joint and muscle function and are trying, at the same time, to secure accurate reduction and adequate fixation. I think we can discern two general tendencies in fracture treatment to-day—one is the tendency toward operative treatment; the other is much less radical and consists merely in a tendency to restrict fixation to absolute necessity, sometimes to abandon it altogether, supplanting it with gentle massage and passive motion during the whole course of treatment. The leading exponent of the operative school is Arbuthnot Lane, of England; and the greatest advocate of the other method is Lucas-Championierre, of France.

The advocacy of the open operation for simple fractures is the result of an effort to attain the three ideals completely; for by operation the best possible reduction can be made, and the direct fixation of the fragments enables the surgeon to dispense with some of his external splintage without risk of recurrent deformity, allows of early massage and passive motion and a shorter period of external fixation. These desirable features are attained, however, by subjecting the patient to the ordinary risks of any operation and the serious risk of bone infection. The method is very limited in its usefulness, because it can only be carried out with any degree of success by a skilled operator in a well equipped hospital. There are comparatively few patients really requiring operation, and the number for whom it is at all applicable varies with the circumstances of both patient and physician.

The extreme followers of the other school go much further in their abandonment of splints than most of us would be willing to go. An English enthusiast has written a book in which he claims to relax muscular spasm so completely by light stroking movements over the muscles that pain vanishes and the fractures almost reduce themselves, and have little tendency to slip out of place, even when no splint is used; if deformity does recur it is reduced again next day by the same means. I have not attempted to treat fractures without support, but I have found that I can

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dispense with splints much earlier than I had been taught to do, and that I can give my patients a great deal of comfort by spending a few minutes two or three times a week in gentle upward stroking of the limb, accompanied with small degrees of passive motion, and that through these means function returns much more quickly than it used to, when I was more rigid in my fixation. The rubbing must be very gentle; it must not give pain; and it can be accompanied from the first with a minute degree of passive motion of the joints. The tendency of displacement of the fragments is surprisingly small, and usually negligible after a week or ten days. By frequent change of dressings the skin can be bathed with alcohol and kept in healthy condition; any misfit of the splint can be corrected by fresh padding; any points of pressure can be noted before damage is done; all danger of ischemic paralysis from prolonged tight bandaging is avoided; incomplete reduction of secondary displacement is discovered while there is still time for correction.

I believe that almost all fractures of the upper extremity can be successfully treated on such principles. There will, of course, be some which are refractory; these are the ones for operative intervention. And I think it gives us a very comfortable feeling of freedom to know that, even when our best efforts have failed, the patient still has a good chance of useful function offered him by operation. The best time for such operative intervention is a point sometimes discussed. From the strictly technical point of view of the operator, the earlier it can be done the better, for callus interferes somewhat with the manipulations and, if shortening persists long, the muscles acquire a "set" which may be difficult to overcome. But from the patient's point of view, I think there are very few simple fractures of the upper extremity which should be submitted to operation without a thorough trial of the less radical methods. The cases with marked shortening which can not be overcome are those to go earliest to the operator, for overlapping becomes increasingly difficult to correct; it must be reduced within the first two or three days, if it is to be done easliy. As a matter of practical experience, however, shortening in the upper extremity, sufficient to interfere with good function, is extremely rare. As a very general rule, I should say that, in fractures with marked overlapping, the question of operation should be settled within four or five days. But angular deformity can be moulded readily for ten days or more; in fact, it often seems as if the second week were a better time for exact straightening than the first day, for by the later period the fragments are welded together but are still plastic, so that a little pressure will correct the angulation and a well fitting splint will maintain the correction. So that. in fractures with angular deformity only, the question of operation should be deferred for ten days or two weeks, and by that time it will be found that operation is rarely needed.

I think we should allow ourselves a certain latitude of judgment; the best results are obtained by having an open mind, without fixed ideas as to the kind of splint or dressing to be applied to any particular variety of fracture. Take a fracture of the clavicle, for example. I think it is a mistake to dress every fractured clavicle in a Velpeau bandage, which is one of the methods commonly prescribed. To many patients the Velpeau is one of the most uncomfortable positions possible, and it is rarely needed to retain the fragments; in fact, it frequently is so applied that it tends to narrow the shoulder and increase the deformity. When the simplest methods are sufficient, it is a mistake to employ others. The majority of fractures of the clavicle occur in children and are of the incomplete or greenstick kind. Sometimes, especially in adults, there is overriding of the fragments, which is usually easily overcome by pressing the shoulder backward and outward. This can be done most easily, perhaps, by having the patient lie flat on the back on a hard table and then making pressure on both shoulders. When the fragments come into apposition, I apply three or four straps of adhesive plaster over the seat of fracture, one end extending six inches or so down the back and the other end similarly down the front of the chest. This simple dressing, with a sling to support the hand and forearm, is ample for most fractures of the clavicle and gives just as good or better results than the more cumbersome ones. If it does not seem to hold sufficiently well, it can be supplemented with a posterior figure of eight bandage, or a Sayre dressing, or a Velpeau, or anything which seems to meet the special need. The dressing, whatever it is, is removed on the second or third day, the skin of the parts involved is washed with alcohol, the arm and shoulder region are lightly rubbed with the hand for a few minutes, and the shoulder

and elbow joints are gently moved. The dressing is then reapplied. This treatment is repeated two or three times a week. At any one of these changes, if the dressing does not seem to be holding the fragments well enough, it can be supplemented, or, if supplementary dressings have already been used and seem unnecessary, they can be dispensed with. At the end of three or four weeks the vast majority of fractured clavicles will be well and the function of the limb will be practically perfect. The patient is discharged with caution against too great use of the arm for a few weeks more.

Consider for a moment fractures of the humerus. The greatest difficulty in fractures about the head of the bone is in proper reduction. I do not know of any method which is really satisfactory; anesthesia is a help. This is one of the places where the X-ray is discouraging, for it so often shows a faulty position of the fragments, in spite of our best efforts at reduction. And this is one of the places where a late operation sometimes comes to the rescue by removing the head of the bone or some fragment which interferes with motion of the shoulder joint. In the routine treatment of these cases I am accustomed to use the cardboard shoulder cap and a bandage holding the arm to the side, changing the dressing two or three times a week, with the cleansing, rubbing and motion at each dressing. Passive motion is, of course, very limited at first, but increased as rapidly as can be done without much pain or disturbance of the fragments. In the shaft of the humerus there is apt to be some overlapping. It can generally be overcome, using an anesthetic if necessary, and its recurrence can sometimes be prevented by suspending a weight from the elbow which the patient carries dangling at his side while sitting or on his feet. This is most useful in muscular men, but is not so much needed in women and children. If it is insufficient, as a few days' trial will show, it is best to put the patient to bed and apply continuous traction of sufficient amount to insure proper approximation. Many a patient, however, has recovered with a perfectly useful arm, in spite of some overlapping and consequent shortening. Intractable cases may be operated upon, but I do not think operation should be urged. In the future, perhaps, the operative risks may be reduced and the advantages of operation more confidently sought.

When the fracture of the shaft is low enough to be held by a splint. I prefer to use the internal right angular splint, either with or without the shoulder cap. If position is well maintained, the angular splint may be abandoned when the fragments seem fairly firm, say in about two weeks, and short coaptation splints applied to the upper arm, allowing increasing freedom of the elbow and forearm. During the four or five weeks or more of fixation, the dressings are changed and the limb treated as I have before described.

In fractures about the elbow, I suppose we have all come to look upon the position of acute flexion as the most desirable. Here, however, is one of the places we need the freedom of judgment I spoke of. I have given up almost entirely the attempt to use acute flexion during the first few days, for I have too often seen the patient return for the second dressing with great pain about the elbow, great swelling, and sometimes some superficial gangrene from pressure. So I start these cases on an internal right angular splint, and at the second or third dressing, while the fragments are still plastic and when the swelling has subsided, I abandon the splint entirely and simply sling the wrist from the neck, obtaining as acute flexion as I can without too much pain, increasing the flexion at subsequent dressings for about two or three weeks and then decreasing it again until all dressings are abandoned at the end of four or five weeks. When these cases are complicated with fracture or dislocation of the head of the radius, supination of the forearm seems better than the mid-position, and the anterior angular splint is used until it seems wise to adopt acute flexion. In these elbow fractures, especially, it is impossible to apply fixed rules; they show most clearly the value of frequent observation and a ready adaptation of varied means to the one great end of function.

In fractures of the shaft of one or both bones of the forearm, also, I prefer to start with the internal right angular splint. This splint is useful as an initial dressing for almost any fracture between the shoulder and the wrist, for it gives the greatest possible comfort to the patient during the first few painful days and maintains fixation as well as any other dressing. In fractures of the forearm it will be found often that the ulnar fragments tend to drop to the ulnar side, and a change to the supine position, or the addition of a small splint applied to the ulnar surface, after correction has been made, will be useful.

Here again let me urge the frequent dressings, with alcohol rub, light massage, gentle motion of the joints, and a readiness to change the form of dressing as often as the indications arise.

Finally, consider the commonest of all fractures, the Colles', Accurate reduction is the most important point, for there is comparatively little tendency to displacement after good correction is secured. In my attempts at reduction soon after the accident, when no anesthetic is used, I have found the most satisfactory method to be the sudden, sharp jerk of the wrist administered by clasping the fingers of one's own hands under the upper fragment and making pressure with the thumbs on the dorsum of the lower fragment; by abruptly pronating the hands, a surprising amount of force can be applied. This takes the patient's muscles off their guard and will be successful when a slower method of pulling may set the patient's muscles into such spastic contraction that reduction is almost impossible and very painful. If an anesthetic is used, the method is available which some of you may have heard Dr. Murphy, of Chicago, describe last fall at the Surgical Congress, in New York. He bends the patient's hand and wrist backward until the fragments are at approximate right angles to each other, then makes traction and brings the lower fragment down into normal position. However it is accomplished, the ultimate result depends very largely on the completeness of the reduction; and it is worth while to anesthetize patients to overcome amounts of deformity which might be negligible in other situations. I use the old fashioned Bond splint with good pad under the seat of fracture. If this padding is neglected, the bandage may depress the fragments and destroy the arch of the radius, which interferes with the future function of the wrist. In those fractures at the wrist joint, the treatment with frequent dressings, light massage, and passive motion is of the greatest service, and secures good function much earlier than when it is not used.

I need go no further to illustrate the principles upon which I believe fractures of the arm can best be treated. There is nothing new or original in what I have said; I have merely tried to emphasize a phase of fracture treatment which is frequently overlooked.

Repairing a lacerated cervix will not cure a general ptosis of the abdominal viscera, but it will lessen the liability of that cervix to cancer.

MULTIPLE NEURITIS, WITH SPECIAL REFERENCE TO THE ALCOHOLIC VARIETY WITH KORSAKOW'S SYNDROME.*

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Under the terms of multiple neuritis, peripheral neuritis, polyneuritis are embraced a number of conditions which have groups of symptoms principally referable to disturbed functions of the peripheral nerves. The former distinction between central and peripheral organs and the clinical features of these cases directed attention mainly to the main trunks and endings. In view of our present knowledge of the neuron unit, supported by numerous observations showing spinal nuclear involvement and even cerebral cortical disturbance in multiple neuritis, the term peripheral must be dropped.

Polyneuritis is the result of the systemic poisoning or of conditions which entail depraved nutrition, for example pernicious anemia. The toxic substances which are capable of producing polyneuritis are most commonly alcohol, lead, mercury, phosphorus and arsenic. Certain autotoxic substances may be developed that have the same pathogenic power, as in diabetes and nephritis. Most of the infectious fevers, typhoid, the exanthemata, and diphtheria are occasionally followed by multiple neuritis, which usually appears during convalescence.

In children it is usually due to infectious diseases. In middle life to alcohol and certain occupations. Painters, plumbers, employees in lead and match factories are especially exposed. In old age, with arteriosclerosis, the disease may occur by failure of nutrition both in the trophic spinal apparatus and in the peripheral nerve trunks.

In the great majority of cases the condition found in the nerve trunk is one of degeneration, comparable to that caused by traumatism, with the difference that in polyneuritis the nerves show many axis cylinders in a comparatively normal condition.

In a considerable and constantly growing number of cases the cellular parts and even the conduction tracts of the spinal cord have shown involvement. Dejerine and Pernice

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have described lesions of the anterior horns in diphtheric neuritis. Many, among them Finley, Larkin, Jelliffe and Clarke, have noted the same in alcoholic neuritis.

Pernice and Scagliosi, in diphtheria cases, found the principal changes in the brain, cerebellum and cord and considered them due to circulatory disturbance followed by degenerative changes and hemorrhage. The cortical cells showed atrophic degeneration. Dehio, experimenting on animals with poisonous doses of alcohol, found by appropriate stain that many of the cortical cells were changed in whole or in part. On the other hand, in many cases of polyneuritis no changes have been detected. The muscles supplied by the affected nerve in polyneuritis undergo changes similar to those in simple neuritis or in nerve division, but usually to a less degree.

The symptoms arising from so widespread a disease are correspondingly varied. As a rule they are symmetrical, affecting both sides of the body in a similar manner. This is readily understood when a toxic substance of systemic distribution is the cause. It is not uncommon, however, to find that alcohol affects principally the lower extremities, while lead affects the upper. Again, in some cases, the motor symptoms predominate, in others the sensory.

The motor disturbance in multiple neuritis is usually one of weakness; in some cases, however, it may reach complete paralysis. It is most marked at the distal end of the limbs, and in most cases affects first and most the extensor muscles. On the lower extremity the extensors of the toes, and the dorsal flexors of the foot are the ones most commonly implicated. In marked cases foot drop is complete. In milder cases the patient cannot raise the toes from the floor while standing on the heel. Efforts against resistance indicate weakness of these muscles. A peculiar and characteristic gait is developed. In order to clear the ground the patient is compelled to raise the foot by flexing the thigh. The leg is then thrown forward like a flail. A paresis of the extensors of the leg is often found in alcohol multiple neuritis. In the upper extremities the muscles under the control of the musculo-spiral nerve are usually the first to suffer, the most involved, and the last to recover. Wrist-drop is, therefore, a prominent symptom.

The muscles of the trunk are sometimes also weakened, but only after the paralysis of the extremities has become well marked. Hence standing, or even sitting, may be impossible. The face muscles may also be affected. Brunton has called attention to a mask-like expression, frequently seen in the alcoholic variety of polyneuritis, affecting particularly the face between the eyes and mouth. The muscular tone lowers as the paralytic symptoms develop, hence muscular atrophy appears with corresponding variations. The normal healthy curves of the muscles are replaced by straight lines and in extreme cases apparently denude the bones of everything but skin and fibrous tissue; ordinarily the hands, feet, forearms and below the knee suffer the most, but there is no voluntary muscle of the body that may not be involved.

The tendon reflexes are usually diminished and often absent. Occasionally, however, and then usually in the early stage, the reflexes may be active or even exaggerated. In a series of cases collected at the New Jersey State Hospital at Trenton in which alcohol was considered the cause, 28% gave absent patellar reflex, 40% diminished, 24% increased, 4% unequal, 4% apparently normal.

Ocular symptoms are also not uncommon. Dilatation, contraction and irregularity of the pupils have been noted by various observers. The pupillary reflexes may be impaired, but the Argyl-Robertson phenomenon is not seen. Burton contends that the reaction for light is present, but absent for accommodation, the reverse of the Argyl-Robertson phenomenon. In the series reported above the following has been observed:

20% unequal; 4% normal; 44% sluggish; 32% active.

The sensory sypmtoms of multiple neuritis are usually the first to attract the attention of the patient, for which he usually consults his family physician; therefore, special attention is called to these disturbances.

Most cases begin by paresthesia in the extremities, which the patient describes by such words as tingling, numbness, dumbness, pins and needles, coldness, heat crawling, tickling and similar expressions. They soon notice that tactile expressions produce abnormal sensations. Stereognostic sense may be so disturbed that familiar objects placed in the hand may not be recognized with eyes closed. On the other hand, the patient may complain of general weakness and speak of his condition as being due to indigestion or rheumatism. As the disease advances, these persistent subjective sensory

symptoms become aggravated and are frequently marked by intense suffering. This is especially developed when pressure is made over nerve trunks or muscles involved. In late and severe cases anesthetic features are nearly always present, but it is rare for them to reach a complete degree.

In 1887 Korsakow described a syndrome which has come to be commonly known by the author's name. While the mental symptoms of this psychosis are often seen in other conditions than those due to alcoholism, in many of the cases of alcoholic polyneuritis the cause and symptoms correspond with Korsakow's description. Nearly all observers give chronic alcoholism as the most common cause and find from two to five per cent. of all cases of chronic alcoholism giving the Korsakow syndrome. A collection of 300 alcoholic cases admitted to the New Jersey State Hospital since 1907, 29 or 9.6% were classed as polyneuritic delirium.

The symptoms may show considerable variation in their onset; the first outbreak may be a delirium resembling in all essentials an attack of delirium tremens. The delirious period, however, is prolonged. As this condition passes away the characteristic mental picture appears. Symptoms of a slight or severe neuritis may precede the delirium, and tactile hallucinations are apt to be present, and are often related to small objects or insects which the patients believe are on or under the skin.

Less frequently a slow, gradual memory weakness may be the first symptoms observed, or the patient may complain of physical weakness or exhibit a decided irritability or a stuporous condition. Memory defect, however, and a tendency to fabricate are the characteristic symptoms which, added to the disorientation, hallucinosis and polyneuritis make the diagnosis.

When the active delirium has subsided the patients are usually accessible to conversational efforts and prattle at great length, describing events and experiences that never happened. Simple questions about events of the last 24 hours will be answered by absurd and grotesque romancing and in some cases will be extended to the time period, covered by the examination. Orientation for time, place, and persons is impaired or may be entirely lost. Their emotional field may show great variability, but usually they are euphorically good-natured while relating their fanciful experiences.

As mentioned above, the polyneuritis can generally be detected early in the disease, but may be so mild as to produce no symptoms beyond muscular weakness, and tenderness over nerve trunks, usually most easily detected in the lower extremities. The Romberg syndrome is also usually present. The duration of acute symptoms varies from a few weeks to months. In favorable cases the neuritis symptoms are first to disappear, followed by gradual mental improvement, which may be extended over many months. It is probable that but few patients recover without showing some degree of mental defect, or muscular weakness.

The treatment of this condition is best administered in a hospital or sanatorium. After the delirium ceases the patients are weak, tractable and easily controlled. The initial delirium should be treated like that of delirium tremens, but it must be remembered that it is generally of a longer duration and special attention should be given to sustaining strength by a liberal and easily assimilated diet. Alcohol in any form or amount is positively contraindicated in all stages of the disorder. Absolute rest in bed should be secured for all cases, for the condition is one of general exhaustion, with general involvement of the nervous system. Drugs are of little value in the general treatment of the disease. Digitalis may be used when the heart is weak. When the patient's strength permits, warm packs or baths are useful both as a relief of pain and as an aid to elimination. Convalescence may be aided by hydrotherapy, generous diet, massage, mild electrical stimulation and gradual open air exercise. Total abstinence from alcohol is imperative, for the future welfare of the patient.

The following is an abstract of a typical case of alcoholic multiple neuritis with Korsakow's syndrome:

J. G. E., white man, age 58, married, occupation carpenter.

Family History—Two half-brothers use alcohol to excess, one now being treated in a general hospital for multiple neuritis.

Personal History—Born in New Jersey, early life negative. Common school education. Has followed his trade until onset of present trouble. At one time a member of a firm of contractors and builders. The firm was dissolved about 22 years ago because the patient could not keep up his end on account of excessive drinking. Since then he has worked as a day laborer. He

has supported his family, but is not able to get much ahead.

Habits—Sociable and a member of several fraternal orders, took an interest in politics and was considered a "good fellow," drinking for social reasons, never came in conflict with the law, has never had delirium tremens or been treated for alcoholism.

Onset—Quit work about five weeks ago, complaining of stomach trouble and general weakness; he did not improve under treatment at his home and was sent to a general hospital September 14, 1913. Mental symptoms being noticed and with no improvement, he was sent to the State Hospital September 26th.

On admission he seemed apparently well nourished, but was physically weak. Completely disoriented for time and place, could not give a correct account of coming to the hospital or his conduct during the past few weeks.

Physical Examination—Height, 5 feet 6½ inches. Weight, 159 pounds. A feeling of well being until the patient is asked to move or his extremities are handled. He then complains of pain and muscular soreness, especially is tender over nerve trunks of the legs. Impaired superficial and deep sensibility. Romberg syndrome present. Motor reaction-tremor of tongue and fingers, muscular weakness and inco-ordination for finer movements, as hand-writing, etc. Reflexes-Achilles absent. Other deep reflexes diminished but equal. No Babinski, no clonus. Pupils unequal, both react within narrow limits to light and accommodation. Heart sounds weak. Blood pressure 112 m. m.

Mental Status—Demeanor—Calm and willing to co-operate in treatment. Now and then asks to go home or be allowed to attend to business. Principal symptoms, defect of memory and marked fabrications, takes daily journeys, meets old friends, drinks with them, etc. Loss of correct time and events. Illusions—Mistakes the identity of those about him, mental organization very poor, especially orientation and retention. No insight into his condition.

Patient is still in the hospital. Condition—Improved, both physically and mentally.

Advise the early removal of any tumor of the breast. Never wait for signs of malignancy. Have all tumors so removed examined by a pathologist and in the event of their being malignant have the radical operation done as soon as possible —Dr. W. T. Coughlin.

DIAGNOSTIC EXACTITUDE IN PREGNANCY.*

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Measuring our accomplishments in medical practice by the dual test of what we ought to do and what we do do, is it not true that the very worst record is made in the oldest and best understood specialty—obstetrics?

It is about as safe to have appendicitis as to have a baby, though most of us would "take to the woods" on both propositions. The causes of obstetric inefficiency are not far to seek and find. If babies would all arrive during union hours and pay the doctors well for safe conduct into the world, efficiency would jump upward. Confinement work is, generally speaking, taboo; and its medical service is, generally speaking, a perfunctory luxury in normal cases and in abnormal cases a delayed diagnosis, a lost opportunity and an inefficient result, a trail of needless injury and death. As a teacher of physicians and students in clinical obstetrics for many years during my service in the N. Y. Polyclinic and Mothers' and Babies' Hospital, with an experience culled from six to seven thousand cases of confinement, I feel entitled to speak with authority on this matter.

I do not believe I exaggerate in stating, that more human lives and sound physiques could be saved to-day by bringing the standard of obstetrical efficiency of the general practitioner to that of the expert, than can be equalled in any other field of practice except that of public preventive medicine.

Our work in obstetrics should be similar to that in medical life insurance—a constant search through the mass of normality for the abnormal, and the key-note of all this in obstetrics is ante-partum diagnosis.

There is scarcely an obstetrical complication that is innately unforseeable. The nearest to such are eclampsia, automatic uterine rupture, premature placental separation, post-partum hemorrhage, foetal death in utero and rupture in ectopia. A goodly percentage in all these can be anticipated. If every pregnant woman had the sense to seek examinations every few weeks through the last months of pregnancy, and the phy-

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sicians the obtainable skill in diagnosis, not ten per cent. of eclampsia would occur without warning, nearly all placenta previa centralis cases would be recognized, control of conditions leading to automatic uterine rupture would ward off the danger, and so through the entire list of end-pregnancy dangers.

As briefly as I can I wish to point out the diagnostic sequence that should be the aim in care of a pregnant woman. If a multipara, the obstetrical history may indicate a tendency to abortion, miscarriage or premature labor; to eclampsia, premature foetal death, cardiac weakness, vulvar and extremity varicosities and malpositions; and the existance of pelvic contraction.

Uterometry, pelvimetry and palpation are measures that should be made with study of their mutual relations at varying periods of pregnancy.

Thus, at seven months pelvimetry must rest solely upon pelvic measurements, while at full-term a dystocia may declare itself by the abnormal distention of the abdomen, height and fundal projection of the uterus.

Pelvimetry.

Every pregnant woman's pelvis should be carefully measured by the time that it might be advisable in case of severe pelvic contraction to induce premature labor. The three external pelvic diameters—trochanter, iliac crest and external conjugate, considered in connection with the general physique and size of the woman, may give absolute diagnosis of impossible delivery, or obstruction that will be overcome by molding of the foetal head, or of wholly normal labor, assuming an average sized foetus. Measurement of the direct conjugate is by far the most informing of all pelvic measurements. Where the finnger cannot readily reach the sacro-iliac prominence it is a fair presumption that a viable child can be delivered. Where it can be palpated, or measured with Hirst's pelvimeter, the diameter should accurately determine the foetal transit prognosis. At full-term before labor an experienced obstetrician should be able to determine whether molding will be necessary, forceps required and sufficient or not, or a viable delivery unlikely. It is true that almost every item in labor-forecaste involves an estimation with various facts undetermined—such as the strength of labor pains, actual size of the head and molding capacity; and it is peculiarly true, that accuracy of forecaste is very largely dependant upon the amount of one's experience—it is an art. But I must affirm that no physician earns his fee who can only learn that delivery will follow molding, or forceps traction by trying them out. It is an old story, wretched and horrible in all its aspects, that of rupturing the membranes because labor seems slow, pulling with forceps to the limit of strength or endurance of the pubic joint, only to find the head delivery impossible, and then trying version or craniotomy; and finally seeking to save the remnants of what might have been a successful though skill demanding parturition, in the life of the mother, probably doomed to traumatic cystocele, lacerated cervix and perineum and prolapsus uteri.

Pelvimetry partakes of both science and art, and is the basis of calculation of pelvic caliber; but it always includes the algebraic x in the equation. The external measurements are but an argument of probability.

It may be stated, as a rule, that we are more liable to error in estimate of the inlet diameters when the external measurements are large than when they are small. This for these reasons: (1) When the external measurements are under the average, or even what we consider proper proportion in a given case, our suspicion of coming trouble is aroused, and we make a very careful study of the case. When the measurements are large we are lulled into superficiality in internal examinations. (2) Large external measurements accompany heavy bony framework, and large, thick bones encroach further upon the pelvic caliber than light bones of the same outside dimensions. I have seen this markedly exemplified in some of my extreme cases of dystocia, and have been lead thereby to give greater weight to what is stated here regarding the consideration of the skeleton in general.

To what extent should the external measurements determine the amount of care exercised in securing internal measurements? I can find but one answer—to no extent, so far as lessening the latter, but, in certain cases of asymmetry, they should extend the examination. But perhaps more will be accomplished generally if we do not make the standard too arbitrary. When a mother has had a satisfactory delivery-history we need not make thorough internal measurements. And, further, where we find the promontory beyond the reach of the second finger, and the tentative engagement of the foetal head satisfactory, it is not necessary to take all the in-

ternal measurements. When the plane of the symphysis lies out at the upper border, or in at the lower, as one pleases to express it, if this is not noted, we might conclude from the diameter of the diagonal conjugate that the vera is shortened, whereas just the reverse would be true. And conversely as regards the plane of the symphysis, the vera would be short just when the diagonal is long.

Measurements of the pelvic outlet, I believe, are not generally taken. Inattention to this will, although rarely, lead to unexpected trouble. The pelvis may be funnel-shaped, wide at the inlet and narrow at the outlet. I recall two cases, in one of which the child was delivered by Caesarean section and in the other by symphysiotomy. In both the fetal head passed the brim without special difficulty. I know of no dyscrasia that should suggest this form of pelvic deformity. Clinically, we must always give attention to the width of the pubic arch, and the interischial and coccygopubic diameters when examining for the diagonal conjugate.

Practice will generally enable one to suspect outlet-contraction at this time, and actual measurements may be taken.

ABDOMINAL AND VAGINAL PALPATION. INSPECTION AND MENSURATION.

The physician who can only learn the exact position of the child in utero when the occiput rotates after exit from the vulva is an obstetrical lunkhead—a useless fetlock historian instead of a forelock diagnostician, Only in cases of very thick or very tense abdominal walls is it impossible to determine foetal position with the fingers upon the abdomen. In such cases, if there is any essential need of such information, it can and should be learned through vaginal and possibly intra-cervical palpation. Abdominal palpation should teach us in a few minutes, first, whether the bladder is full or empty; second, whether the position is occipital or breach; and third, in just which of four axial positions the foetus lies. Except in peculiarly malformed pelves, no cases of posterior occipital or sacral fixations of the foetus should be allowed by the obstetrician, if he is in attendance when engagement at the pelvic brim is not accomplished. The chief indication of a possible posterior rotation is in finding the foetal extremities lying more forward than posterior. Breach deliveries are undesirable, and can be changed to occipital in the early stage of labor in some cases, without rupturing the membranes, by bi-manual manipulation. The presence of twins is not difficult to determine by abdominal palpation, the diagnosis hinging finally upon recognition of two foetal heads. The only portion of a foetal body that simulates the smooth hard character of the head is the sacrum, and if tapotement does not inform us, note that on tapping the part and following it part way as it dips, you may observe that the head dips away more freely than does the breach. Failure to diagosticate twins is often due to contentment over the findings of the presenting foetus. In one of my symphysiotomies, with five of New York's prominent obstetricians present, the second foetus was not suspected until after delivery of the first one. Face presentations can usually be prevented if one is present at the time of head engagement, or rather descent.

The great pitfall in our parturiant service, taking it broadly, lies in insufficient diagnosis and incomplete prognosis at the beginning of labor. If the best results in a given case call for Caesarean section, or symphysiotomy, or pubiotomy, such operation should be determined upon before the membranes are ruptured. Or, to put it in another way, the physician should never rupture the membranes to hasten progress when unable to forecaste results. If no descent of the head has occurred previous to labor, and it still lies freely movable following efficient uterine pains, diagnosis should become very exact; if necessary the aid of a specialist should be secured, lest the conditions for the best results be spoiled before he attends.

Internal version in cases of non-engagement of the head is a poor expedient and an obstetrical compromise. The long forceps should never be applied until exact knowledge is obtained of the position of the occiput.

Forceps can easily cause posterior rotation of the occiput; but if always applied in cases of left occiput with the blades rotated to the left, and vice versa in right occipital presentation, traction will draw the occiput forward under the symphysis, and so insure its proper final vulvar delivery. The selective time for forceps application in difficult cases is when head molding is fairly accomplished, unless maternal exhaustion and dry vagina have already supervened. I do not favor the traction-rod forceps, believing that equal traction in the axis of the inlet can be accomplished with

the long narrow blades, such as the modified Elliots', and with far better facility and art.

ECLAMPSIA.

Eclampsia does not give warning in all cases, but it does generally; in a majority of these it can be warded off; or if not, labor can be induced in time. Developing oedema in lower limbs or vulva, headache, visional disturbance, precordial distress, scanty urine, albuminuria, casts, vomiting and twitching are premonitory symptoms, any one of which should lead to full examination. Then if conditions do not improve under milk diet, laxative measures and removal of head pressure from the inlet by lateral rest in bed, the induction of labor is best.

PLACENTA PRAEVIA.

The placenta should be located in all early examinations. This can usually be done either by direct palpation and auscultation, or by exclusion from the cervical and anterior uterine parts. Placenta previa partialis can seldom be so diagnosed except with the finger tip in the cervix reaching an edge of the placenta; but such examination is scarcely advisable with no special reason for such diagnosis. Placenta praevia centralis can and should be diagnosed on palpation of the cervix. The soft, boggy cervical segment, with corresponding distance and indistinctness of foetal presentation, finger-wide dilatation of the cervix, and particularly direct palpation of the rough surfaced placenta which lies just over the patulous inner os, combined make diagnosis comparatively sure if we look for conditions accurately. Management of such dangerous conditions is vastly aided by diagnosis before severe hemorrhage. In preference to Caesarean section in such cases, I prefer preliminary dilatation with a Barnes' bag and quick engagement of the head with the forceps; by which means very little hemorrhage will occur before delivery of the child; immediately afterward the placenta can be removed with the hand, and the inner cervix packed with gauze. I have cared for some forty-five cases of placenta praevia, and my general conclusion is that the most important thing is to escape a severe preliminary hemorrhage and to make full preparations for complete delivery before beginning dilatation.

EXTRA-UTERINE PREGNANCY.

The diagnosis of ectopic pregnancy in its earlier stages is a desirable topic for inclusion here, but which I omit as more especially belonging to gynecology. Extra-uterine pregnancy at full term is exceedingly rare, less than two hundred cases being recorded when I published the full record a few years ago. I was so fortunate as to have two such sent to me; in one of which the foetus was already dead, and in the other alive and safely delivered by abdominal section. I did not find the diagnosis in either case difficult, the uterine in both cases being about the size of a cocoanut, and the foeti—lying so close to the abdominal walls, more clearly felt than in normal conditions.

There are many special features of obstetric diagnosis that I would like to mention here, but my subject is too inclusive. I recall a case of enormous sarcoma of the right kidney, in which I had to induce labor, and later remove the kidney; another of the almost double uterus, with the foetus lying in one half and the placenta in the cornua of the other, with persistent face presentation, until I converted it into an L. O. A. with hands and forceps; several cases of hydrocephalus and fibroids and ovarian tumors complicating pregnancy. But it is not of rarities so much as the more frequent conditions that I have wished to emphasize the need of diagnostic exactitude; and particularly in that large class of obstructed delivery cases, largely due to contracted pelves, and that involves thirteen per cent. of all mothers. Probably more lives are lost right here needlessly through insufficient medical skill than in any other field of practice; largely through want of diagnostic exactitude.

MEDICAL ETHICS.*

By Isaac Sunamer, M. D.
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Ethics is the science of human conduct as prompted by the unchangeable laws of moral duty.

Medical Ethics differs in a few particulars from general ethics.

First. General conduct is sometimes not good nor bad, but indifferent. For instance, shall I walk to the waterfalls to-day or not, has no ethical significance, but if a friend who is with me and has not seen the waterfalls wishes to see them with me to-day, the choice of going to-day or not is no longer ethically indifferent; in other words, the transition from indifferent acts to acts which

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are ethically good or bad is gradual. Medical acts and conducts are always of ethical concern.

Second. General Ethics recognizes different ethics of amity and enmity; doing bodily harm to a peaceful neighbor is ethically wrong, but the defender of his country who wounds, or kills, is considered ethically correct. Medical Ethics recognizes no two standards; the physician must relieve suffering as tenderly in the foe as in the friend.

With these differences in mind, we can classify Medical Ethics in the same way as General Ethics is classified in: 1, Private Conduct; 2, Justice; 3, Negative Beneficence, and 4, Positive Beneficence.

PRIVATE CONDUCT.

We are not concerned here with the pessimist's view of life, who thinks life is more pain than pleasure, and therefore the saving of life amounts to an act of increased human suffering; but we start out with the view of the optimist, who thinks that life is a desideratum, worthy of human effort, life is more pleasure than pain, that moral conduct requires every member of society so to direct his own course as to increase pleasure and diminish pain to himself, offspring and humanity at large. That the physician above all others must so conduct himself as to increase pleasure and diminish pain, increase happiness and lower the mortality rate. There is no profession from the members of which greater purity of character is required. In order to gain the respect of his patients every physician must set before himself an ideal life, and endeavor to live up to it. The physician must be prepared at all times for any emergency, ready at any hour of the day or night to respond to a call of his mission to relieve the suffering or to help a new life to come into this world. He must be in a fit condition at all times to take the responsibility of caring for the injured. He therefore must have his clear understanding, steady hand, acute eye and sharp ear at all hours. It is needless to say that this makes it unethical conduct for the physician to indulge in drugs or intoxicants. The physician can never forget that the comfort, health and life of a human being depend upon his skill; it is therefore his duty to spare no time or money to develop his skill in his work. The wasting of time in frivolous affairs is therefore not praiseworthy in a medical man. From these general rules of private conduct we will now turn to the special rules of conduct at the bedside of the patient, beginning with the examination of the patient, and ending with treatment.

Examination—The examination of the patient must be conducted with the least amount of pain to him. Unnecessary exposures are to be avoided, tenderness and indulgence should be observed, so that instead of a feeling of embarrassment, the patient might experience the pleasurable feeling that help is soon to come. Treat your patient with humanity and due consideration for his wishes and caprices, although your firmness as to obedience to orders must not be sacrificed.

History—In obtaining the history of a case, inquiries of a privileged nature are admissable, but secrets of person or family so obtained must be kept inviolate.

Diagnosis—Ofter a diagnosis is not possible at the first or second call; more frequent visits may be required, although unnecessary visits are to be avoided. In a difficult case, consultation should be encouraged by the attending physician for the benefit of the patient as well as for the enlargement of views of the attending physician. It is best that the attending physician choose his consultant, but if required by the patient, it will be no less proper to call into consultation the physician suggested by him. This holds good even if the physician so recommended be younger in years, or in point of service to his profession, than the attending physician. There is no room for jealousy in the heart of a conscientious physician; the more capacity for good he has, the more he will relish a consultation with another practitioner. Withhold your consent to a consultation only from the advertising man, and the physician who is doing criminal work, they being untruthful to themselves, cannot be expected to help you to come to the truth. Perfect candor and sincerity are imperative during a consultation, otherwise the good rightfully expected from it by the patient may be converted into a grievous wrong. No discussion of the case should take place before the patient; deliberately privately, and after agreeing upon a statement, announce your opinion as mutual.

Prognosis—It is the physician's duty to avoid all prognostic remarks that might discourage or depress. If the prognosis is very unfavorable, do not make it more gloomy; give your timely warning of the approaching end to relatives and friends with as much consolation and sympathy as is possible under the circumstances.

Treatment—An incurable case ought not

be abandoned. Continue your attention with the hope of being useful to the sufferer by alleviating pain and soothing mental anguish, and to the family by comforting them with the consolation that they have done for their beloved one all that is in their power. For patients suffering under the consequences of over-indulgences in drugs or intoxicating liquors, include in your treatment advice to discontinue their abuse. Tact is required to proffer this advice without bad effect; often the patient has himself resolved to mend his ways and the physician should not miss his opportunity of strengthening this resolution.

Justice.

It is justice to the community for the physician to instruct his patients to observe the sanitary measures for the prevention of contagion or infection. So the physician should give to the consumptive the reasons for the extreme care necessary in destroying his sputum; to the sufferer from scarlet fever or diphtheria or to the guardian of these sufferers, the reason for excluding visitors to their house, by cards on the door; to the specific cases for taking extra precautions with their linen and bedding; to the afflicted with scabies about his bed and bath, whether at home or in a Pullman car; to the typhoid case about his excreta and the danger of their coming in contact with potable water. All these acts of justice follow the general rule of justice called rule No. 1: "Benefits received shall be directly proportionate to merits possessed." This law, translated in medical terms, will read: The patient will receive as much good as he makes an effort to obey your orders, and he will suffer the consequence if he disregards them; you having done your duty by instructing and giving reasons and explanations for them. But in your relations to patients of tender age, the second law of general justice is applicable, which is: "During early life, the aid given must be greatest where the worth shown is smallest." Therefore the care of the physician does not end with ordering and explaining, but often he must supervise the act of fulfilling his orders. The preventive measures are also more exacting of the physician's knowledge and forethought. It is often the duty of the physician to advise against marriage of close relations or of those feeble in mind or of bad physique, as a preventive measure of producing unhealthy offspring. It is the duty of the physician to help the woman in gestation to keep her in prime condition for the betterment of the one not yet born. Very often it is the physician's duty to teach the mother who is nursing her offspring how to conduct herself, so as to improve the health of the child. When many children bless the family the sacrifice of the mother to the offspring might be very great, in fact too great, and so threaten to injure herself and, through her, the infant. The physician's plain duty it will then be to call her attention to it; sometimes also the attention and serious consideration of her husband. Sometimes moderation and temporary abstinence must be tactfully, but firmly, advised to the husband, till the mother is fully in her health again. This ethical part of the physician must not be construed as including unethical preventive measures. As these measures serve to satisfy the lower desires without responsibility of the care of offspring, are a stepdown in civilization. Certainly it must not be construed to mean an approval of criminal abortion. We must remember that the supreme aim of the medical profession is to lower the mortality rate. Therefore criminal abortion is a voluntary increase of the mortality rate in utero, and is consequently murder.

Negative Beneficence.

The physician, in speaking with a patient under treatment of another M. D., should be very reserved in his remarks, giving no hint or insinuation that might be taken by the patient as a criticism of the attending physician. Do not diminish the trust of a patient in his medical attendant. It is negative beneficence to decline giving medicine or prescriptions for a patient in his absence. A relative will often come to your office to ask such things for a patient at home; complying with their wishes might make the physician the innocent cause of a fatal delay. It is also a negative benefit to decline going to a patient who has dismissed you in favor of another, and after feeling dissatisfied with No. 2, calls you again, because complying with this wish will tend to lower his respect for you, and for the profession in general.

Positive Beneficence.

It is the duty of every physician to respond to calls where he will be exposed to contagion, or to aggression on the part of the insane, or abuse on the part of the alcoholic. The physician is often duty bound to take the risk of catching cold or getting wet; he must brave any weather and expose to night air in the discharge of his mission

to help the needy. In institutions indisputably beneficial, like Hospitals or Dispensaries, the physician is correctly giving his services free. But these institutions must not be made a school for pauperization. I read in a report of an investigating committee of such institutions of a large city, that 30 per cent. of all inhabitants frequent these free institutions. The largeness of this proportion makes it clear that most of them are abusing charity. Such conditions must not be encouraged by the physician.

LODGE PRACTICE.

A society founded mainly by the poorer classes for social intercourse and mutual aid, the lodge soon adopted a custom to elect a yearly physician to take care of the sick brethren for a consideration. From the time when the lodge looked for a doctor to the present condition, when two or more physicians are running for office in the lodge, was only a short step. And what a degrading spectacle it is to see two or more medical men electioneering for office. The lodge, at the election, is called upon to decide who is the best physician, a judgment she is clearly not able to make. She is forced to do so by the very candidates. The physician who wins the election is to treat all brethren of the lodge, even if the sick brother has his family physician who has served him for years and years, the same brother might have become a member of this lodge only a short time ago. This goes against the very principle of ethical conduct among physicians, which is to have sympathy with the pain inflicted upon, and the loss caused to a fellow practitioner. The doctor who would not think of soliciting practice from any family, who would not take away a case from another physician for any price, because he wants to be ethical, will think nothing of soliciting practice from a lodge and accepting other physicians' families as long as the lodge gives him the call. His sympathy for ethical conduct is acute enough to prevent him from wronging a brother directly, but is not acute enough to prevent him to do the same injury by the direction of the lodge. The lodge physician is at liberty and often does accept more than one lodge. He soon finds himself physically unable to do the work properly; he gets into the habit of making a very superficial examination of his patients and of prescribing towards symptomatic relief only as a corner druggist does. Soon, consciously or unconsciously, he begins to discriminate against his lodge patients for the benefit of his private patients, who pay him cash for every call, and so he becomes dishonest.

Lastly, and the most important point against lodge practice, the young graduate who may be a well trained man from a good school and a hospital training, and perhaps a very good preliminary education, settles to practice his chosen profession with lofty ideals. He soon discovers that in order to make both ends meet, he must take lodge practice. Instead of devoting his spare time to perfecting himself in his medical knowledge, he is compelled to devise a means for obtaining lodge practice, and instead of ideals he needs a band wagon to peddle his medical advice for him. If he is lucky to get a lodge practice, his diagnostic ability retrogrades from atrophy of disuse and his therapeutics becomes careless and slipshod. It is, therefore, positive beneficence for medical societies to call a halt to all such contract work. In institutions for medical research the best of our profession are working incessantly for discoveries that will benefit our race; this is positive beneficence. In institutions of learning experiments, requiring skill and time, are freely indulged in by our brethren for the betterment of humanity; this is positive beneficence. Medical officers are risking their lives to investigate on the spot, yellow fever, plague, malaria, hook-worm, etc., all highly altruistic acts of positive beneficence to humanity. In time complete adaptation of all members of our profession to this high standard will take place, and all will do their share spontaneously as a matter of course. The moral sentiment alone will be the guide for every physician's behavior towards himself, his family, his medical brother and mankind.

WHEN SHOULD SYPHILIS BE CONSIDERED CURED?

BY OTTO LOWY, M. D.,
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Much has been said and written on the treatment of syphilis and further discussion by me would add nothing new, but would merely be a monotonous rehashing of things already known. The question as to the value of the two drugs used in the treatment of syphilis has been practically settled and it would not answer any useful purpose to enter into a discussion whether the intramuscular or the intravenous method of administering salvarsan is most advantageous.

The question nearest to the patient's heart after the disappearance of unsightly

or painful lesions are: Am I cured? If not, when will I be cured? Will I ever be cured? Or, how may I know that I am cured, and in a good many cases the patient will ask the physician, when may I with safety marry? It seems to me that too little attention has been paid to the latter phase of the question. Some men have claimed and still claim that a man with syphilis is never cured, and should, therefore, not be permitted to marry. I believe that this is an extreme view, especially in view of the fact that a number of cases of reinfection, after the use of salvarsan, have been reported. Personally, I have seen a number of such cases.

Of course, it is impossible at this time for any man to state that he knows positively when a case is cured. Neisser in his paper on "Syphilis and Salvarsan," read before the Seventeenth International Congress of Medicine, at London, says that when confronted with the question of cured or latent syphilis he insists upon a provocative injection of salvarsan. By provocative injection of salvarsan is meant an intravenous injection of salvarsan which is given for the purpose of determining whether the Wassermann reaction remains negative 48 hours, 5 days, 2 and 4 weeks after the injection. Should this be the case it may safely be assumed that the patient is cured. A positive reaction on the contrary would indicate that the patient is not cured and treatment should be resumed. The question might be asked, Why should there be a positive reaction after a salvarsan injection? Neisser and others claim that the spirochetes are lying dormant in the tissues. By giving the salvarsan injection, the sudden shock of the transfusion or the presence of the salvarsan has a stimulating effect upon the spirochetes and they make their appearance in the tissues, where their activity forms a so-called reagin, which gives the characteristic Wassermann reaction. If there be no spirochetes present the Wassermann reaction will be negative throughout.

I wish to add a word of caution here. If the spirochetes are located in the central nervous system, the provocative injection of salvarsan will have no effect upon them, as the salvarsan does not penetrate to the spinal fluid, and in all such cases it is advisable to do a lumbar puncture, and depend upon Nonne's four points of diagnosis, namely, the Wassermann reaction of the blood, the Wassermann reaction of the spinal fluid (Auswerthungs Methode), the Leucocyte count of the spinal fluid, and the globulin reaction. Should these, with a provocative injection, result negative, then it may with reasonable safety be assumed that the patient is cured.

Clinical Reports.

Symmetrical Swelling on Arytenoids.

Dr. H. Tilley reports the case of a male, aged 30, who complained that his throat got dry after using his voice for a few minutes. There were no other symptoms. On the anterior and median aspect of each arytenoid and above the level of the vocal process a small, pale, raised prominence could be seen. These came into contact on phonation, but did not interfere with the free movement of the arytenoids and the voice was not affected. The patient had syphilis and had been treated for the disease, but without any effect on the above appearances, which might have been of the nature of pachydermia. Possibly the symptoms had nothing to do with the laryngeal appearances.—Proceedings of the Royal Society of Medicine.

Value of Emetine Liver Abscess.

Dr. Mallannah, in the British Medical Journal, mentions a severe case of amebic dysentery occurring in a woman of 40, an alcoholic. The trouble began about a year ago, and since that time the patient had suffered from diarrhea. About four months ago she began having chills and fever and soon after, on three different occasions, an hepatic abscess was emptied by aspiration. However, the pus continued to collect, and opening of the abscess was suggested; but on account of her weakness the patient declined to submit to the operation. On March 13, he found the patient extremely debilitated, emaciated, and with marked enlargement of the liver. She complained of severe throbbing in the liver and was unable to lie on the right side. She was having about five liquid stools daily, was unable to sit up or move in bed, suffered from nausea, and was unable to take food.

Emetine in ¼ grain doses was now prescribed, to be given, in solution, thrice daily. Within one week the patient's temperature came down to normal, and remained thus; the diarrhea stopped and the pain in the hepatic region diminished. The swelling gradually began to grow less, and in a month the liver had returned to its normal size, appetite returned, the anemia disappeared, the patient began to gain weight, and soon was able to be about. Altogether, the patient received 21 grains of emetine.

He publishes this case, he affirms, to emphasize two facts: first that emetine is effective in amebic infection even when suppuration has already taken place, and, second, that it acts efficiently when given by the mouth.

Choked Disc and Paralysis of Abducens in Chlorosis.

Dr. J. Meller reports this case from the eye clinic of Prof. Fuchs, University of Wein:

A girl 14 years of age complained a week before coming to clinic of headaches in the

temples followed a few days later by impairment of vision and diplopia. The discs were swollen to 4.00 D., showed a few hemorrhages. Around the macula were white dots arranged in radial stripes towards the disc in both eyes. The urine was normal, but the amount of hemoglobin of the blood was reduced to 40%. Under iron, Fowler's solution, rest cure, the general condition was greatly improved. The paresis of the abducens disappeared in 2 weeks; and also the affection of the optic nerves improved. After 2 months the discs were pale, but V. and visual field normal. The same condition was noticed 10 years later.

The complex of symptoms, choked disc and unilateral or bilateral paralysis of the abducens, received a special feature by the fact that never other ocular muscles are affected, and suggests their near relation. It has been observed in chlorosis, otitis media, after severe losses of blood and extraction of teeth, and has been explained by the assumption of thrombosis in the cavernous sinus with which the abducens is in intimate relation. In chlorosis a great tendency exists to coagulation of the blood and thrombosis of the central retinal vein has been observed in chlorosis. The opinion of Ballaban, that some cases of optic neuritis with anemia may be interpreted as venous thrombosis, is not improbable, if they are complicated by extensive retinal hemorrhages. The prognosis of the affection of the optic nerve in chlorosis is good, if the patient received proper treatment early. If the general condition is weakened by energetic cures with mercury and iodine, the process may terminate with severe visual disturbances or even blindness.—C. Zimmermann.

Foreign Bodies in the Esophagus.

Dr. Cornelius G. Coakley of New York City reported the case of a lad, aged sixteen, who was admitted to Bellevue Hospital in the early afternoon of December 31, 1912. The patient gave a history that, while eating soup with his dinner, a piece of plate broke and he thought he ate a piece of the dish, and that he could feel it in his throat. On January 1, 1913, at 1 P. M., Dr. Coakley was notified that there was a patient in the ward of the hospital with a foreign body in the larynx, as shown by x-ray, and who had a temperature of 109 degrees F., rapid pulse and a suspicious pneumonic area in the right lung. On examining the pharynx he found an edema extending from the vault of the nasopharynx as far down as one could see with the laryngeal mirror, or feel with the fingers. It much resembled a retropharyngeal abscess. The x-ray plate showed a triangular shaped foreign body, the base of which was uppermost, horizontal, and at the level of the seventh cervical vertebra. It could not be felt with the fingers. With the esophagascope he removed this foreign body which was triangular in shape, measuring 2.3 cm. long on one side of the triangle, 3.2 cm. long on the other. It was jagged and evidently had cut into the mucous membrane so as rapidly to infect the pharyngeal mucosa, and the secretion from the infected pharynx passing into the larynx set up a septic pneumonia within twenty-four hours. This case illustrated the necessity for prompt operative relief for the removal of sharp foreign bodies. The boy died fourteen hours after the operation from acute septic pneumonia. On the same day he was asked to see a boy, three years old. Three days before admission the child had swallowed a coin about the size of a quarter and the x-ray showed it at the level of the sixth cervical vertebra. The child had no symptoms, swallowed its milk perfectly, had no respiratory symptoms, but whether the coin had been pushed down to the stomach or not, the staff did not know. On January 3 he removed the coin, a five centesimi, 2½ cm. in diameter. The child had no discomfort following the operation. Here was a smooth object in a small esophagus that did not even interfere with deglutition, and had been in position five days before it was removed.

Pneumonia and Cardiac Lesions.

Dr. Keller, in Deutsche Med. Woch, states that in pneumonia even so slight a lesion as a lateral arterio-sclerosis may be sufficient to render the heart the locus minorae resistentiae. During the pneumonia the arterio-sclerosis may become apparent, perhaps as a stenosis and insufficiency of the aortic valves. The author no doubt refers to this complication as it occurs in young and middle-aged people, since in the old the association must be extremely common. A subject who has never experienced any illness is stricken at an advanced age with pneumonia. If some evidence of arterio-sclerosis did not crop out during repeated examinations, one would be surprised. The author's patient was a man of 36, in apparently perfect health. He passed through a typical pneumonia, the heart behaving throughout in a normal manner, until about four weeks after the onset of the disease, when he complained of dyspnea. Heart boundaries were normal, but a systolic murmur was everywhere present. Later the noises became loudest about the aortic valves. Recovery occurred to some extent, the patient being able to go about as usual, but the state of the valves showed no change. The author had made a diagnosis of endocarditis following pneumonia, but the picture and history showed that the heart lesion must have been atypical. An x-ray showed a heart of normal size and site. There was no evidence of arterio-sclerosis, and as a high degree of anemia was present it was believed that this formed a link between the pneumonia and cardiac lesion. Some months later a second examination showed that the anemia had disappeared, while the symptoms pointed entirely to arterio-sclerosis. There could be no doubt that an early arterio-sclerosis or presclerosis had been intensified by the pneumonia.

Paralysis of Both Internal Recti With Ptosis.

Dr. E. H. Harries-Jones reports the case of a child aged 5 years in whom there was almost complete paralysis of the third nerve on both sides; the eyes were divergent, with widely dilated pupils which did not react to light or accommodation. Ptosis was only partial. The eyeballs did not move upward, downward, or inward. The optic disks were pale on their temporal sides, but the vessels were normal, and there was no sign of there having been any optic neuritis. The history of the case was peculiar, the mother stating that the child went to school last January (six months ago) "quite right," but returned in the afternoon with the eyes in the present condition. There

have been no further symptoms—no headache, giddiness, or sickness.—Proceedings of the Royal Society of Medicine.

Splenectomy for Stab Wounds of Spleen.

Dr. Joseph P. Huguet presented at the meeting of the N. Y. Academy of Medicine, November 7th this patient and specimen. The accident happened September 29, 1913. The injury was one and a half inches above the last rib on the left side and he was in considerable shock. The pulse was 120. The hole was large enough to admit a finger and blood clots came from it. On opening the abdomen the peritoneal cavity was found to be filled with blood clots. He finally was able to deliver the spleen which he found to be fairly adherent and came up with difficulty. Dr. Huguet showed the specimen removed. The opening in the spleen caused by the stab he tried to sew, but the sutures came out and the only resource left was to do a splenectomy, which was done. The patient after the operation never had a temperature over 100.5 degrees F. or a pulse over 100. Dr. George Ben Johnson had collected 178 cases of splenectomies and 150 of them were traumatic. Of the 150, seven were stab wounds and six gunshot wounds. In the case of the patient just reported the blood count showed 4,400,000, hemoglobin 85 per cent., and the white cells numbered 14,000.

Relations Between Infectious Diseases and Visual Organ.

Dr. Rusche reporting from the eye clinic of Prof. Vossius, in the University of Giessin says:

Out of 253 cases of optic neuritis due to infectious diseases observed by Vossius only 3 were caused by scarlet fever. Dr. Rusche reports one in a child, aged 7. The first symptoms of the disease set in 6 weeks before the rapid failure of sight, which was noticed 3 days previous to admission. The ophthalmoscopic changes consisted in haziness of the papillary borders, great tortuosity of the well filled veins and prominence of the right disc. The urine was free from albumen. The affection was cured with normal vision, but marked pallor of the temporal portions of both discs.

In the second case, a severe inflammation of the uveal tract occurred in a woman, aged 50, afflicted with acute articular rheumatism, with exudations in the pupillary area and vitreous and shrinking of the eyeball and death. The knee joints contained streptococci. Whether the eye affection was due to infection from streptococci or also from bacilli of paratyphus and bacterium coli could not be decided. The cases corroborated the general view, that severe ocular complications of rapid course give a very bad prognosis quad vitam for the general disease.

Primary Carcinoma of Lung; Radical Operation.

Reported by Dr. J. Retter, Berlin, in Deutsche Med. Woch. Aug., 1913.

The patient presented the clinical picture of a tumor of the right lower lobe that had infiltrated the adjoining thoracic wall. Inasmuch as there was no evidence of the carcinoma elsewhere, the author concluded that the tumor was a primary one and proceeded with the operation. The thoracic wall between the seventh and the tenth ribs had to be sacrificed. When the pleural cavity had been freely opened (positive pressure cabinet) and numerous adhesions from the tumor-invaded lobe divided, it was found that the right dome of the diaphragm was extensively involved. That portion of the diaphragm was accordingly sacrificed. The tumor was then detached from the healthy portion of the lobe by very simple technic. Positive pressure was withdrawn to permit free manipulation (there was no untoward result), and Deschamp ligatures of catgut were thrown about large masses of lung tissue. No special treatment was applied to the divided bronchi; the larger vessels were separately ligated.

The greatest problem was the closure of the enormous defect. The liver was first covered by suturing the remains of the diaphragm to the adjoining peritoneum and then covering in the exposed hepatic surface with the lower flap of skin. It was impossible to bring down the upper edge of the skin. The third, fourth and fifth ribs were therefore removed to mobilize the thoracic wall and the skin was then sufficiently free to completely suture it over the broad stump of the right lower lobe. Large drains were inserted.

There was considerable shock after this extensive operation; the patient rallied and improved for a time. Three months later, however, he died of a recurrence of the growth. Autopsy established the fact that the case was one of primary carcinoma.

Rotter collects all the cases in which an amputation of the pulmonary lobes was performed. They are 17 in number. Eleven recovered (2 for tuberculosis, 7 for bronchi-ectasis, 2 for tumor). The cause for death in the remaining cases was: Vagus injury (2 cases), collapse (1 case), acute pneumothorax (2 cases), sepsis (1 case).

Means to Reduce Hernia of the Brain.

Dr. T. Anastassiades, in Grece Medicale, Athens, Greece, reports this case in which eleven days after extensive injury of the temporal region from a shell, the wound was the seat of extensive suppuration and the young man was in profound stupor most of the time. There was total amaurosis when he sat up; vision returned when he reclined, but there was no vomiting nor stiffness of the neck. After the wound had been attended to, the brain tissue protruded, the hernia as large as a hen's egg. No means proved effectual in keeping the hernia under control until finally Anastassiades improvised a stopper which answered the purpose admirably. A round of sheet lead was bent over a metal cylinder to make a depression in the centre just large enough and deep enough to fit into the gap in the skull. This stopper was boiled and applied between two sheets of gauze. The brain tissue was thus reduced and held firmly in place while several holes bored in the lead cap permitted ample drainage. As the lesion healed, smaller and smaller caps were used. In two other battlefield cases this lead device proved equally serviceable; these patients also promptly recovered.

Strangulated Hernia in Young Infants.

R. N. H. Anglin Whitelocke reports two instances of successful operation for strangulated hernia in female infants aged 22 and 17 days respectively. Several points of interest to the surgeon are gathered from the experience of these cases, as follows: (1) The early stage at which strangulation occurred, and with apparently no definite cause. (2) the unusual nature of the hernial contents; in the one case an ovary and tube as well as small intestine; in the other, an unduly mobile cecum with large appendix measuring 3½ inches. (3) The successful issue in each case even after the obstruction and symptoms of strangulation had lasted for over three days. (4) The absence of postoperative shock after a general anesthetic and herniotomy, and in the younger infant after appendicectomy in addition. Herniotomy in such young infants must be exceptional, and a successful appendicectomy at the age of seventeen days is certainly so.—British Journal of Children's Diseases.

Lithopodion in Abdomen 32 Years.

Dr. J. W. Dillard, Surgeon to St. Andrews Hospital, Lynchburg, Va., in the Charlotte Med. Journal reports a case, Mary Jones, mulatto, aged 50, no known pregnancy, was found with enlarged abdomen from a tumor, and also had anasarca and ascites. An operation was done. "On opening the abdominal cavity a dense hard mass was found filling the whole abdomen. There were very few adhesions, and the tumor was rather easily removed. To the left of the tumor a small uterus was found with the left ovary, both in an atrophied condition. There were no other conditions connected with the operation that warranted special mention. The woman made a good recovery, and left the hospital at the end of three weeks.

The tumor upon examination was the shape and appearance of a large baby at full term, except there was lacking head and extremities, though rudimentary arms and legs could be seen. To examine this strange growth more carefully it was sawn longiturinally through, dividing it in lateral halves. It was dense and hard as bone; not only the outer portions but the petrification had extented entirely through. This Lithopedion weighed something more than eleven pounds.

This case was evidently an abdominal ectopic gestation, the impregnated ovum falling from the fimbriae into the abdomen and there attaching itself. The placenta must slowly have been absorbed, as nothing could be recognized which might have been the remains of that organ; except in so far as the umbilical cord was concerned; that was ossified for about three inches from the umbilicus.

The history of this woman as told by herself and family goes to show that thirty-two years ago she missed her period, which was absent several months, and then began to re-occur at irregular times for five or six months, then disappeared. During all this time she was growing large, and attracted the attention of her friends who constantly advised her to see a doctor, which she refused to do. At about what they took to be about the 9th month of gestation she became very sick, suffered pain for quite a long time, but would not have a doctor called. The pains gradually wore off and she returned to her work, and has been able during all this long time to attend to most of the duties of house keeping.

Abstracts from Medical Journals.

Trigger Knee.

Dr. M. H. Billet, in Gazette des Hopitaux, applies the name "genou a ressort" to a rare condition which has been described by R. Jones under the name of trigger-knee, and by Thiem under the name of "schnellendes Knie." The condition is characterized by a sudden arrest of the movement of the knee during flexion or extension; this arrest is followed by a sudden jerking and lateral movement of the leg and the production of a clicking sound. The condition is distinct from that of displacement of the semilunar cartilages of the knee, and is apparently the result of a laxity of the joint capsule, usually traumatic, but sometimes of congenital or inflammatory origin.

The Genital Glands and the Dental System.

At the Academy of Sciences M. R. Robinson, of Paris, recently made a communication on the perfect preservation of the teeth in seven male donkeys aged between 10 and 14 years. These animals, which had been used in the experiments of Professor Lannelongue, were insusceptible of sexual excitement. Their food was hay. On the other hand, a young cryptorchid griffon, a very salacious beast, upon which the author had made a necropsy, had lost all its teeth when quite young. Toothache is said to occur in young masturbators, and it appears that true eunuchs have fine teeth, and the author concludes that a physiological relation exists between the genital glands and the dental system. The old belief of the effect of gestation upon the teeth may thus be true. As a result of his clinical observations, M. Robinson is satisfied that in diabetes and tabes it is through the intermedeiary of the genital glands that the teeth become worn, carious, or simply fall out.—The Lancet.

Epilepsy in Children.

Dr. E. L. Boncour, in Prog. Medicale, says that, although the bromide treatment is the best for epilepsy, its success depends greatly on the method of administration and the attention given to the details of diet and hygiene. It is indicated in all cases in which convulsions are present and should stop all motor phenomena, but in cases of petit mal, without any convulsive movements and of mere dizziness, it is less successful. The cause of the attacks should be carefully sought out and as far as possible removed. A daily history card kept by the parents is a great aid to the physicians in the knowledge of the number and type of convulsions, and thus of the effect of the bromides. The bromide must be given in sufficient quantity and for a sufficiently long time, generally for several years. He prefers a mixture of the three bromides, sodium, potassium and ammonium, to which he adds in some cases calcium bromide. The dose must be carried up to a point at which the motor manifestations are controlled without

marked bromism, and must then be kept at that point for months or years. Irregularity and lowering of the dose without permission is responsible for most of the failures. A great aid to the effect of the treatment is given by restricting the amount of chloride of sodium that is used with the food to a small quantity. The bromide is then effective in smaller doses. It should be continued three years after the last attack.

Head Pains of Intranasal Origin.

Dr. John J. Kyle, Indianapolis, Ind., in the Inter-State Medical Jour., St. Louis, says:

The various factors in the etiology of chronic head-pains are as numerous as the areas of the skull involved. The great majority of head-pains are anterior, while the minority are posterior, that is, about the occipital region. Those in the anterior or frontal region are more active in their intensity while those in the posterior portion are dull and not infrequently accompanied by nausea. In the absence of suppuration in the ear or brain lesions, pain in the back of the head, either acute or chronic in character, is usually due to some gastro-intestinal disorder, but may sometimes be associated with chronic nasopharyngitis, rheumatic in character. Some forms of occular muscle insufficiency predispose to occipital pains. Pain in the anterior part of the skull, acute in character, is more often due to acute swelling in the attic of the nose, and, with the establishment of free ventilation by the administration of some drug and the restoration of normal equilibration of the vasomotor system, it soon passes away if not associated with the onset of some febrile disease. From its location, pain in the anterior portion of the skull, chronic in character, may suggest certain factors, as follows:—

The points of irritation observed in head-pains are more often the region of Meckel's ganglion, anterior prominence of the middle turbinate, lower turbinated body and the nasal process of the superior maxillary. This irritation may be due to hypertrophy alone, with or without contact, and pressure from deflected septum. Headache from intranasal pressure may come on at any time in life, but I think is more often observed in women than in men. The pain is usually unilateral. The amount of pressure or hypertrophy necessary to produce head-pains is, in many cases, very slight.

Frequently persistent unilateral headaches have responded to cauterization of the lower hypertrophied turbinate, in which no evidence of pressure could be detected. Pain of this character is probably due to increased blood-pressure or hypertrophy, and exceptionally to angioneurotic edema. It may also be due to general faulty metabolism, which may be chemical, bacterial or psychical, and directly influences the vasomotor system. Those pains, which may be due to syphilis or some general toxemia, frequently react to constitutional treatment alone, though pressure may be apparent upon ocular inspection. Pain in the fronto-temporal and frontonasal regions and behind the eyes is more often due to intranasal pressure from deflected septum or hypertrophy of the turbinates than to sinus suppuration, but may sometimes be due to an error of refraction. Pain in the midorbital region is indicative of frontal sinus involvement or inflammation of the supraorbital nerve. Pain in the nasolabial region frequently occurs from irritation of the floor of the nares. Pain in the tonsil is often referred to the thyroid cartilage and middle ear. The pain of maxillary sinus disease is usually about the sinus.

Syphilis as a factor in causing swelling of the septum and region of the middle turbinate should not be overlooked. It is surprising how often swollen areas in the nose respond to antisyphilitic treatment, especially in those cases in which no history of the disease is given.

The medical treatment of head-pains from intranasal pressure depends upon the cause. Indefinite and ill-defined pains about the frontal and temporal regions, in the absence of acute sinus disease, are usually due to hypertrophic or hyperplastic changes in the middle turbinated body, and demand surgical interference. Vasomotor disturbances, localized in the nose, from toxemia, not infrequently respond to spraying the nasal cavity with a mild alkaline solution, to which has been added a small amount of cocaine, and a dose of calomel as a purgative. For the control of pain, the following prescription is most effective:

Acetanilid, gr. i; codein. sulph., gr. 1/16; ext caunabis ind., gr. 1/8; aspirin, gr. iiss; caffein, gr. 1/16.

Cerebro-Spinal Meningitis.

Dr. Noble P. Barnes, of Washington, D. C., in Interstate Medical Journal, St. Louis, September, has a paper on Cerebrospinal Meningitis; Some Atypical Manifestations and a New Diagnostic Aid." He concludes with the following facts as worthy of mention:

1. That cervical opisthotonos was one of the very last signs to develop.
2. The contraction of the recti and other abdominal muscles, noticeable in all the cases.
3. In several of the cases the symptoms for a week or more could have been mistaken for any other disease on account of the absence of the classical symptoms of meningitis.
4. The disproportion between the pulse-rate and temperature, particularly noticeable in three of the cases.
5. The dilitation of the pupils produced in all cases when Kernig's sign was being elicited, also in several instances when the head was being flexed upon the chest.
6. The complete covering of the palate with herpes vesicles in two of the cases.
7. The ability to produce the rash in true cerebrospinal meningitis with the electric light and reflector, which phenomenon could not be induced in meningitis due to other organisms.
8. The necessity for prompt examination and re-examination of the spinal fluid.
9. The importance of making a leucocyte count.

Heart-Valvular Lesion and Myocardial Disease

Dr. H. A. Hare, Philadelphia, in discussing a case of heart trouble, claims that we must pay more attention to the condition of the heart muscle and pursue a different line of treatment in disease of the myocardium than in that of valvular disease. Of course, if the valvular lesion is marked and the myocardial disease slight, we should as heretofore, expect the best results from rest and the proper administration

of digitalis or strophanthus. If, on the other hand, the heart muscle is chiefly involved, and especially if there are any symptoms of heart block, the drug that is most useful is atropine. This drug acts by depressing the peripheral ends of the vagi in the region of His' bundle and removes the functional obstruction, allowing the impulses to pass more readily from auricle to ventricle. Large doses of atropine are advised, as one one-thousands gr. every two or three hours. Hare states the large doses in the course of twenty-four hours produce less dryness of the tongue than smaller doses. Death from over-doses of atropine he claims to be practically unknown. Together with atropine are advised rest and possibly a little tincture of strophanthus. Digitalis should not be given as it has some inhibitory effect on the passages of impulses through His' bundle P. P. T.

Intrussusception in Children.

1. Intussusception in children is usually of the acute type and therefore usually surgical.
2. Early diagnosis and surgical interference are essential to a low mortality in acute cases.
3. Operation should be simplified to the greatest possible extent, and this is only possible when done while the invagination is reducible.
4. The mesentery in children being long, pitching or swinging the children violently should be advised against.
5. Last, and most important, digital examination of the rectum should be made in cases of children with symptoms of acute abdominal pain.—A. R. Matheny in the Pennsylvania Medical Journal.

Anoci-Association.

Dr. G. W. Crile, Cleveland, in the Journal A. M.A., October 25, describes his technic of anesthesia for handicapped patients by the method of anoci-associations. When hypertension exists, the risks of operation are increased and emotional stimulation, such as fear of the operation, also add to the risks. From an operation conducted after his technic the patient with hypertension will be no worse for the experience, but may be in actually better condition on account of the complete rest of body and brain. The same technic avails also in hypertension in which the margin of safety is reduced by exhaustion. He prefers nitrous oxid as a general anesthetic because of its lack of harmful after results and because as a hindrance or oxidation it diminishes brain cell changes, a fact which he has experimentally demonstrated. His method of nerve blocking has been previously described in other articles abstracted or published in the Journal, and for the fuller details the reader is referred to the paper itself. Crile points out how the post-operative morbidity and mortality is reduced, as shown by hospital statistics, and although the purpose of the present paper is to deal only with pelvic operations he refers to the statistics of the Lakeside Hospital, to show how advantageous its application in general surgery has been. The paper is illustrated by charts.

Gallstones With Vague Symptoms.

The vast majority of cases are not manifest by a severe and characteristic attack, and diagnosis is not forced upon us but it should always be made if we pay attention to the whole picture of the cases and if we hold the view that chronic indigestion and dyspepsia are not normal conditions. In the majority of cases the gallstones are at rest and are not causing active and violent irritation. The gallbladder and bile ducts are chronically but not acutely inflamed. Symptoms will correspond to these conditions and will be those of a slight localized irritation or a slight inflammation of chronic type and a slightly disturbed function on the part of the digestive tract. They are mostly those of a chronic dyspepsia, not violent in character. Such patients will have sour eructations, belching of gas, and a sense of fulness and tension after eating. They may have slight pains, slight tenderness and rigidity at the Mayo-Robson point. They usually suffer from constipation. These are the cases where diagnosis is certainly not easy. In some the diagnosis must be inferred. These patients should be carefully watched, and if their symptoms are sufficient to disturb their health, to undermine their nervous system, or make useless or unhappy their lives, they should certainly be operated upon, assuming that they have had careful hygienic treatment without success.—Parker Syms.

Perineal Prostatectomy.

Dr. J. B. Deavor, in Surgery, Gynecology and Obstetrics, emphatically declares that perineal prostatectomy has no foundation as a routine procedure for relief of benign prostatic hypertrophy. He describes in detail the technic and also means of stopping hemorrhage in the suprapubic operation.

Dr. H. Cabot states that prostatic hypertrophy is not hypertrophy in the common sense of the term, but rather the formation of new adenomatous tissue. He also shows that the perineal operation as described by Young is neither a safe nor satisfactory procedure, but has every chance to fail of accomplishing its object, i.e. the complete and permanent relief of the obstruction.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular December meeting of the Atlantic County Medical Society was held at the Chalfonte Hotel, Atlantic City, Tuesday evening, December 9th, at 8:30 o'clock.

The following members were present: Drs. Bennett, Bewley, Berner, Bullock, Carrington, Chew, Conaway, Darnall, Davis, Ewens, Fox, Guion, H. T. Harvey, Ireland, Joy, P. Marvel, E. Marvel, McVay, Martin, Marshall, Poland, Pollard, Reynolds, Rulon, Scanlon, Stern, Schmidt, Snowball and Weiner.

On motion, all guests were made members for the evening.

Dr. William Edgar Darnall was elected chairman of the Committee of Arrangements for entertaining the A. M. A. in June, 1914.

Program—"Present Status of Serum and Vaccine Therapy," by Dr. Alfred Stengel, Philadelphia; "Function of the Periosteum in Bone Transplants," by Dr. Clarence A. McWilliams, of New York City.

BERGEN COUNTY.

Fred. S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, December 9th, at 8.15 P. M.

In the absence of the president, Dr. J. E. Pratt, vice-president, occupied the chair.

Twenty-five members were present. The scientific program was as follows:

Dr. Frank D. Gray, of Jersey City, read a paper on "Some Obstructive Conditions of the Intestinal Canal." The paper received marked attention and was discussed by Drs. A. W. Ward, Bell, Armstrong, Brundage, Levitus——

Dr. Gray has promised a copy of this paper for publication in the State Journal.

After a social session the meeting adjourned.

A medico-legal program is promised for the January meeting and the County Bar Association will be invited to join with us. Mr. Frank Mass, of New York City will be one of the speakers.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

The December meeting of the Camden County Medical Society was held, at the kind invitation of Dr. Madeleine A. Hallowell, at the State Institution for Feeble-Minded Women, in Vineland, on Tuesday, December 9th, at 2.30 P. M. Dr. Hallowell is Superintendent of the State Institution, and her invitation was gladly accepted. She proved a most hospitable and instructive host, and those attending found the occasion one of great interest and profit.

The time spent at the institution was taken up first in a tour of inspection in which Dr. Hallowell showed her visitors all over the buildings and grounds, giving them a very good idea of the workings of a model institution and the various types of feeble-minded cared for and the varying degrees of care required. After this followed a clinic in which she exhibited these different types and lectured most instructively on the causes, symptoms and treatment of the conditions shown.

After the clinic an excellent luncheon was served, to which the society did ample justice. Altogether the trip was a most successful occasion, and one which may well form a precedent for the future.

SPECIAL MEETING—DR. GODFREY'S DEATH.

It was with much shock and sorrow that the many friends and acquaintances of Dr. E. L. B. Godfrey, in Camden and throughout the State, learned of his sudden death on Wednesday, December 17th, at his home in South Pasadena, California. Though Dr. Godfrey took up his home in California some years ago in search of health, his health had apparently improved and his friends had hoped for many more years of his most useful life. Thus his sudden death came as a great shock.

A special meeting of the Camden County Medical Society, of which he was an honorary member, was called Friday evening, December 19th, and the following resolutions were adopted:

"Whereas, It has pleased God to remove from the fellowship of this Society, Edmund L. B. Godfrey, M. D., therefore it is fitting that the members should take note of his death and meet in respect and homage to his memory; and

"Whereas, Dr. Godfrey was for thirty-five years an active member, and during the past two years an honorary member of the Camden County Medical Society;

"Whereas, In the death of Dr. Godfrey, which occurred at his home in South Pasadena, California, December 17, 1913, this Society is deprived of the good fellowship and interest and sympathy of one who always endeavored to promote its welfare; one who was ever deeply concerned in its growth; one who labored to accomplish the objects for which the Society was organized; one who, by reason of his earnest love for his profession, and his zeal in discharging the duties placed upon him, has wrought in a large degree that for which every true physician strives—the good of suffering humanity; therefore,

"Resolved, That the Camden County Medical Society, in special meeting assembled, desires to place upon record the expression of its sense of great loss in the death of its former member. Dr. Godfrey was so long an active member of this and various other medical societies, in the literal meaning of the words, that it is fitting at this time, when his connection with such societies has terminated, that a brief review of his life should be presented for the consideration of his former colleagues.

"He was a native Jerseyman, having been born in Tuckahoe, Cape May County, February 21st, 1850, and passed his boyhood days there. Having reached young manhood, he entered Peddie Institute, Hightstown, N. J., and in 1872 he was graduated with the degree of Bachelor of Philosophy. Later in life, in 1891, Bucknell University conferred upon him the degree of Master of Arts. In 1875 he was graduated from the Jefferson Medical College, of Philadelphia, and immediately began the practice of his chosen profession by serving as medical and surgical interne in the Presbyterian Hospital of Philadelphia, and subsequently in the Rhode Island Hospital, at Providence, Rhode Island.

"In 1876 he located in Camden, on South Second street, near Main, but subsequently he purchased the property at the southeast corner of Fourth and Linden streets, where he continued to reside until 1910, when the precarious condition of his health caused him to remove to South Pasadena, California. His last visit to Camden was made about two years ago.

"Immediately upon coming to Camden he entered upon the duties of his profession, and in source of time he enjoyed one of the most lucrative practices of that period. His activity soon resulted in the taking of an interest in society matters and in 1876 he was elected a member of the Camden City Medical Society, and in 1877 he read before the society a report of a 'Case of Dislocation of the Jaw.' In March, 1878, he entertained the society at his home, and read a paper on the 'Resuscitation of the Apparently Dead from Drowning.' In 1889 he was elected president of the society. In October, 1900, he offered a resolution in the society placing it upon record as favoring a municipal hospital for contagious diseases. Dr. Godfrey continued to be active in his interest in the Camden City Medical Society until he resigned, when

departing from the city. He was thereupon elected an honorary member.

"In the fall of the year 1876 he was elected a member of the Camden County Medical Society, and in May, 1882, he read his first paper before the society, entitled 'Humanized and Bovine Virus.' At this meeting Dr. Godfrey was elected president. At the following annual meeting, in May, 1883, Dr. Godfrey read his presidential address, entitled 'Syphilis in Relation to Marriage,' a subject that is receiving renewed attention at the present time. At the November meeting of the same year he read a paper before the Society, entitled 'The Germ Theory of Disease.' At the May, 1884, meeting he presented to the society a further contribution on the same subject, entitled 'The Germ Theory in Its Relation to Disease.' In the annual meeting, in May, 1886, Dr. Godfrey indicated his belief in the importance of sanitation for a city by advocating the appointment of an inspector of plumbing for Camden City and of making the street cleaning service a part of the public service, under the direct supervision of the Board of Health. In November, 1886, he read papers before the society, entitled 'The Antiseptic Treatment of Wounds' and 'Fracture of the Lower End of the Radius.' At the meeting in May, 1887, he presented a paper to the society, entitled 'Tapping the Pleural Sac, With Recovery.' At this meeting Dr. Godfrey was elected secretary, a position he filled until the annual meeting of 1891, when he declined a re-election. In November, 1888, he read a paper before the Society, entitled 'The Treatment of Typhoid Fever.' At the November, 1890 meeting, he read a paper on 'Retroflextion of the Uterus,' before the Society, and at the November, 1891 meeting, he read a scholarly essay, entitled 'The American Physician in Literature. In November, 1893, he read before this Society a paper on 'Tetanus.' In 1899 he read a paper before the Society, entitled 'Health Conditions in Camden, Particularly in Respect to Typhoid Fever and Malaria.' In November, 1911, he was granted a certificate of transferrence of membership to the Los Angeles County (California) Medical Society, and thereupon elected an honorary member of the Camden County Medical Society.

In addition to the papers that have been mentioned, he read before various organizations, papers and essays upon the following subjects: 'Dr. Jenner's Discovery of Vaccination,' 'The Effects of Tobacco,' 'The Treatment of Diphtheria,' 'Endometritis,' 'The Medical Department of the National Guard of New Jersey,' 'The Medical Society of New Jersey,' and in 1896 he published his 'History of the Medical Profession of Camden County,' a book of over 300 pages, placing in attractive language and in permanent form a record of the achievements of those who have practiced medicine in the county, and also giving in detail, a history of the various hospitals and other charitable institutions of this city and county.

For many years a delegate from the Camden County Medical Society to the Medical Society of New Jersey, he was elected corresponding secretary of the latter Society in 1892, which position he continued to fill until 1889, when he was elected third vice-president of that Society, and he continued in the office of vice-president until 1902, when he was elected president of the Society. In 1903 he presented his annual presidential address to the Medical Society of New Jersey, entitled 'The Educational Standards of the Medical Profession of New Jersey, Past and Present.

In 1892 he was elected president of the New Jersey Sanitary Association, and at the termination of his term of office, in December, 1893, he addressed the Association on 'The History of Sanitation in New Jersey.' Previously to this period, in November, 1889, at the meeting of the New Jersey Sanitary Association, at Asbury Park, he discussed 'The Need of Medical Officers for School Districts,' and at the meeting held at Trenton, December, 1890, he discussed the subject of "Gymnastics, Past and Present.' At the session of 1891, also held at Trenton, he read a paper entitled 'The Removal and Disposal of Garbage.'

In April, 1885, a special meeting of the Camden City Medical Society was held and Dr. Godfrey was appointed one of a committee to meeet with the Sanitary Committee of Camden City Council, to consider the organization of a Board of Health, for the City of Camden. As the result of this meeting the Camden City Board of Health was organized.

On October 9, 1882, Dr. Godfrey entered the service of the State of New Jersey by being commissioned first lietutenant and assisting surgeon of the Sixth Regiment, N. G. N. J., and on January 4th, 1883, was promoted to be surgeon of the regiment, with the rank of major. He continued to serve in this capacity until March, 1892, when he was commissioned medical inspector, with the rank of lieutenant colonel, on the staff of the Surgeon General of the National Guard. In 1895 the office of assistant surgeon general was created and lieutenant Colonel Godfrey was promoted to the position, with the rank of colonel. In February, 1912, by his own request, having moved to California (by reason of ill health) he was retired with the brevet rank of brigadier general by Governor Wilson, now the President of the United States.

In 1889 he organized the order of Military Surgeons of New Jersey and served as its first secretary. In 1894 he was elected president of the order.

In 1887, upon the occasion of the opening of Cooper Hospital, in Camden, Dr. Godfrey was one of the original attending surgeons selected for the institution. In October, 1889, by his own request, he was transferred to the attending medical staff of the hospital, from which position he resigned in January, 1911. Prior to 1896 Dr. Godfrey was one of the gynecologists of the hospitals, and in January of that year he asked to be relieved of the duties of the position, which request was granted by the Board of Managers.

For about twenty-five years he has annually been elected a representative of the Camden City Medical Society upon the Board of Managers of the Camden City Dispensary, and for a period served as a member of the Dispensary Consulting Medical staff. He was a life member of the Dispensary.

In 1887 he was appointed to a lectureship at the Medico-Chirurgical College of Philadelphia, which he held for six years, but resigned because the duties interferred with his practice. In 1896 Dr. Godfrey delivered the historical address at the semi-contennial anniversary of the

Camden County Medical Society, in the presence of a large audience.

In 1881 he became a member of the American Medical Association, which membership he continued to hold until his death.

In 1894 he was appointed a member of the New Jersey State Board of Medical Examiners, and in 1895 he was elected the secretary of the Board, in which position he continued to serve until his removal from the State, with the exception of two periods, when he was elected the president of the Board. As secretary of the Board of Medical Examiners Dr. Godfrey distinguished himself and rendered service to the State that will be evident in the years to come.

In 1878 he became a constituent member of the Camden Microscopical Society.

For many years he took great interest in the North Baptist Church of Camden, and at the time of his removal from Camden was a trustee of the church. On removing to South Pasadena he transferred his membership to the Memorial Baptist Church of that city and was a trustee of the church at the time of his death.

In 1897 he was elected a director of the New Jersey Safe and Deposit Company of Camden, and in South Pasadena he was a director of the First National Bank of that city and also a director of the South Pasadena Savings Bank.

He was for many years a member of Trimble Lodge, of Camden, and was also a member of South Pasadena Lodge, F. and A. M.

In 1889 Dr. Godfrey, with others, organized the New Jersey Training School for Nurses, and for many years delivered lectures before the classes on 'Medical Nursing.'

In 1894 he conceived the idea and organized the Camden Civic Club, which had an existence of a few years only. He was instrumental in organizing the Camden County Historical Society.

In January, 1894, he organized the Cooper Medical Club, composed of present and past members of the Cooper Hospital attending and residents staff, and 1896 he was elected president of the club.

Dr. Godfrey was a very successful practitioner of medicine and gave earnest thought and study to his patients, winning and retaining their confidence in a peculiar degree. He had the business faculty in a large measure of development and daily devoted an hour or two to problems of finance. His originative faculty was prominent, as is indicated by the many societies he conceived and organized.

He was argumentatively combative and enjoyed the controversies of debate. As a speaker he was pleasing and convincing, and when the occasion warranted, he could attain to heights of true eloquence. He was a public writer, as is indicated by what has been said, and all he wrote was well worth reading. He had a distinct love for historical subjects, and much that he had written was upon themes pertaining to events that are past.

In June, 1910, following his return from California, where he had passed the previous winter in ill health, his friends tendered him a complimentary dinner at Washington Park on the Delaware, where several hundred distinguished physicians and business men from various parts of New Jersey and Pennsylvania gathered in his honor. This was the culminating point in his medical career and appropriately terminated the activities that had made the dinner a possibility.

Resolved, That the Camden County Medical Society, in special meeting assembled, expresses its sincere sympathy to Mrs. Mary Ayer Godfrey, in this hour of her great bereavment; and also.

Resolved, That this action of the Society be spread upon the minutes and a copy of these preambles and resolutions be presented to Mrs. Godfrey.

Daniel Strock, M. D., Dowling Benjamin, M. D., Henry H. Davis, M. D., Committee.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

Essex County has again recorded a month of noteworthy attainment in meetings of scientific importance and interest with both speakers of renown from eleswhere and papers on clinical cases or theoretical subjects by our own members. Two in December were of special clinical importance and well presented—December 4th, Abdominal Distress in Children beyond Infancy; its Medical and Surgical Aspects, by Dr. LeGrand Kerr, of Brooklyn, in which the many ailments, functional or organic, common in children, particularly of run-about age, were marshalled for review and analysed especially from the standpoint of differential diagnosis. This paper has been asked for the Journal and is expected for early publication. Another address presenting a subject of extreme importance and conveying the lessons that recent observations have taught in a field of formerly great perplexity was one on December 17th, by Dr. Otto H. Schultze, Professor of Medico-Legal Pathology in Cornell University Medical College, on Cranial Injuries. The numerous specimens of brains with which the speaker illustrated his remarks were a fine exhibition of cranial pathology and the authority with which he spoke put remarkable force into the lessons drawn from the injuries and their diagnosis and treatment. The bearing modern knowledge (not to say the very latest experiences) in this field of surgery and pathology has upon, especially, medico-legal aspects of the injury, and the fine analysis now demanded of the one who opens the skull, analysis of the site and extent of damage to brain incurred and the steps necessary to attain any success in operating, illustrate how modern surgery has gone far beyond the mere technique of asepsis and makes imperative a dependence not upon chance, even in ordinary care, but upon a thorough study of the whole subject and of the particular case. Several points which have been formerly taught as cardinal principals in the subject fell before the logic of Dr. Schultze's demonstrations, but these, while made to appear wrong in practice, left a most encouraging impression of the possibilities of success in the immediate future of cranial diagnosis and surgery.

For example, he showed the utter uselessness of "decompression" if the skull only was opened and the clot not removed; again, that an epidural clot could not, by any ordinary possibility, explain a hemiplegia; but that such symptoms must prove diseased arteries to be the cause. Several specimens showed remak-

ably the difference between old lesions of pachymeningitis interna hemorrhagica and recent damage from fracture. Others exhibited what can, though rarely, happen in absorption of old hemorrhage (epidural), and one was an unusual case of aneurism of the circle of Willis in a young person not a victim of syphilis nor arteriosclerosis but of lymphatism with its strange pathology of undeveloped muscular (arterial) tissue. "Symmetrical palpation" of the skull was given great value in observing and explaining bogginess of the scalp in relation to site of fracture. Extreme importance was put on lumbar puncture in diagnosis, as blood in the cerebro-spinal fluid must mean, without exception, that its origin could not be epidural (from the fracture) but from brain tissue. Very significant may blood pressure observation be, especially high pressure followed suddenly by low, meaning not recovery, but fatal ending soon; this often possibly saving operation and remorse from fatal result apparently due thereto. He made a strong plea for autopsies and practitioners getting them in every possible case. It seems strange that in this enlightened age scientific physicians should need urging in this direction. Dr. Schultze said we seem ready to experiment on dumb animals for even insignificant theories while letting go rich opportunities for direct study in cause and effect of human ailments. We no longer live amid ignorance of everything but in a century of wonderful light if we will only let it shine on the problems which we meet, and this is by adding to it observations an post-mortem examinations. This address was a rare one in the excellence of its presentation as well as the importance and interest of the topic, all present declared.

At the Section on Medicine of the Academy of Medicine of Northern New Jersey, December 9th, the State Control of Medicine was discussed with a paper by Dr. H. S. Martland, inspired by Dr. Adami's notable address last June to the graduating class of Rush Medical College. If America is to meet the situation that in England culminated in the Medical bill, ought not the medical profession here get busy studying the facts and be in position to master the situation and offer the community a comperhensive plan satisfactory to profession and public alike for community care of the sick. The Section on Eye, Ear, Nose and Throat had a paper on Glaucoma, December 22nd, by Dr. Edgar S. Thompson of New York. The Sections on Surgery and Gynecology had a symposium on Fractures and discussions on cases of Deficiency of Cervical Vertebrae and of Thrombosis of Superior Mesenteric Artery, December 23rd.

The Essex County Pathological and Anatomical Society held its annual meeting December 11th, Dr. Strasser presiding. The reports for the year were most satisfactory, showing a very high grade of work done in publishing, at the monthly meetings, an extensive variety of pathological cases, well presented, to audiences large and enthusiastic, thus laying a foundation for professional work here, now and in years to come, scientific study, that best of all means for combatting empiricism and commercialism both in and without the profession itself. The new officers are: President, James H. Lowrey; Vice-President, David A. Kraker; Treasurer, Albert S. Harden; Secretary, Frank W. Pinneo; Board of Governors, besides the officers, Wells P. Eagleton, H. B. Epstein, John F. Hagerty, Harrison S. Martland, Carl E. Sutphen, H. J. F. Wallhauser, and the ex-presidents, Theodore Teimer, F. R. Haussling and A. A. Strasser. The following program was presented:

Presentation of Specimens—

1. Uretal Caculus, Dr. O'Crowley.
2. Meckel's Diverticulum, Dr. Minningham.
3. Urethral Calculi, Dr. Charles Ill.
4. Carcinoma Uteri, Dr. Edw. J. Ill.
5. Specimens from the Pathologic Laboratory of City Hospital, Dr. Martland.

Presentation of Cases—

1. A Hermaphrodite Peach; A Pathologic Specimen from Egypt, Dr. Disbrow.

Report of Cases—

1. Death following Tonsillectomy, Dr. Eagleton.
2. Death following Salvarsan, Dr. Wallhauser.

During the past year 25 new members were admitted, making now about 144.

The work of dissecting on the cadaver by members has been, as heretofore, an activity of importance, of less public than the meetings.

The William Pierson Medical Library Association had for a speaker at their meeting December 16th Dr. Lewis Gregory Cole of New York, who delivered a lecture on the X-ray in the Diagnosis of Intra-thoracic Conditions. His work on abdominal conditions, as shown by stereopticon slides before, prepared his hearers for an interesting exhibition of the possibilities of thorough radiography in internal medicine, and they were not disappointed.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The third regular meeting of Hudson County Medical Society was held in Odd Fellows' Hall, December 2nd, 1913.

The Dinner Committee, through Dr. M. A. Swiney, reported progress.

A communication was read from the American Medical Association to the County Secretary, asking the secretary to bring to the attention of the Society the work of the organization, and the appointment of a committee of five physicians, two of whom shall be the president and secretary of the county societiy ex-officio, for Red Cross Medical work, the committee to be known as the Committee of Red Cross Medical Work. The communication was received and ordered filled.

The following physicians were elected to membership:

Dr. Oscar C. Frundt, 92 Bartholdi avenue, Jersey City; Dr. E. J. Chapman, 235 Fulton avenue, Jersey City; Dr. Howard Dukes, Kearney avenue.

A motion was made by Dr. Rector (which was carried) to instruct the legislative committee to have the amendment on the Employers' Liability Act, which was passed last year, allowing amount of $100, as stated in the original bill. As the bill now stands it cuts the amount allowed for expenses for the first two weeks to only $50.

Under interesting cases, Dr. J. H. Rosenkranz spoke of the prevalence of leprosy in Norway as had been demonstrated to him in some of the large clinics there during his recent visit to that country.

Dr. C. B. Kelly was reminded that during his college days he had heard one of the leading dermatologists remark that at that time there were about 200 cases of nodular leprosy in New York City which were not segregated.

Dr. Frundt spoke of a case where X-ray revealed the presence of two bichloride tablets in the stomach, and suggested operation in that case.

A case of spleno-medullary leukemia came under the notice of Dr. J. M. Cassidy. He spoke of the rarity of the disease, as only two cases a year are seen in Johns Hopkins Hospital.

A child born with web fiingers and toes came under the observation of Dr. Burnell. The woman next door kept geese and these "got on the nerves" of the mother, according to her statement, when carrying the child. All the toes were web, but only two fingers were webbed. He cited the case to inquire whether or not there was any ground for believing in pre-natal impressions and their results.

Dr. Swiney told of a case where the child was born with only one leg. Otherwise it was perfectly formed. The mother in that case never saw a man with only one leg.

Dr. Wallace L. Pyle spoke of a case of sympathetic ophthalmia with loss of both eyes, and emphasized the necessity for correct diagnosis and careful treatment.

The President appointed doctors Cosgrove, Mueller and Willis as the committee on Red Cross Medical Work.

The essay of the evening on "Original work of Cystocele and Retroversion" operation, illustrated by drawings, was read by Dr. J. M. Rector.

HUNTERDON COUNTY.

Morris R. Leaver, M. D., Reporter.

The Hunterdon County Medical Society met in semi-annual session at Flemington, on October 21st. There was a large attendance and great interest in the business of the society was manifested.

In addition to the transaction of routine business, Drs. Boyer of Annandale and Heil of Milford were elected to membership in the society.

Applications for membership were received from Drs. Sheppard of Lebanon, Gary of Ringoes and Bets of Bloomsbury.

The Committee on Public Health reported progress.

The Chairman of the sections on Practice, Surgery and Obstetrics reported interesting cases.

Dr. Isidore Topkins read a paper on Pneumonia which was followed by a lengthy discussion.

The death of Dr. Schenck was reported to the society.

MERCER COUNTY.

Horace D. Bellis, M. D., Secretary.

A Regular Meeting of the Mercer County Medical Society was held in the City Hall, Trenton, N. J., on December 2nd, 1913. Dr. Harry R. North presided. Minutes of the last meeting read and approved. Dr. J. O. McDonald was elected to membership.

Dr. E. B. Funkhouser, of the State Hospital, read a very interesting and instructive paper on "Multiple Neuritis, with special reference to the Alcoholic Variety, with Korsakow's Syndrome." Dr. Funkhouser showed a patient to illustrate the condition.

The paper was discussed by Drs. M. W. Reddan, William S. Lalor, G. A. Schoening, F. P. Turner, I. M. Shepherd and W. A. Taylor.

The treasurer, Dr. I. M. Shepard made his annual report which was accepted.

The following officers were elected for -914:

President, Dr. Frank G. Scammell, Trenton; vice-president, Dr. Walter A. Taylor; secretary, Dr. Horace D. Bellis; treasurer, Dr. I. M. Shepard; reporter, Dr. E. B. Funkhouser.

Annual delegates to the State Society: Drs. Wm. S. Lalor, M. W. Reddan and Harry R. North.

Alternate delegates: Drs. Samuel Sicca, W. A. Taylor, F. P. Turner.

A progamme committee was appointed consisting of Drs. M. W. Reddan, H. B. Costill, G. R. Moore.

A committee on "Good and Welfare" was discussed and Dr. G. A. Schoening was appointed chairman; other members of the committee to be appointed later.

Adjournment.

PASSAIC COUNTY.

Joseph H. Oram, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, December 9th, 1913, with the president, Dr. A. F. McBride, in the chair. There were about thirty-five members present.

The minutes of the last meeting were read and approved.

The proposed amendment defining contract practice was passed.

Dr. C. B. Russell's application for reinstatement was favorably acted on.

Dr. J. S. Yates read a paper on contract practice, which subject was thoroughly discussed by a number of the members present. No papers of a scientific nature were read, but several were promised for the January meeting.

SUSSEX COUNTY.

H. D. VanGaasbeek, M. D., Reporter.

The Regular Annual Meeting of the Sussex County Medical Society was held at the Union House, Sussex, N. J., on Tuesday, October 21, 1913. The meeting was held at Sussex on the invitation of Drs. Harp and VanGaasbeck. The Society was called to order at 11 A. M. by the President, Dr. E. A. Ayres. The regular order of business was run through with. The following were elected officers of the Society for the year 1914: President, Dr. Blaise Cole, Newton, N. J.; Vice-president, Dr. T. R. Pooley, Jr., Newton, N. J.; Secretary, Dr. E. P. Wilbur, Franklin Furnace, N. J.; Treasurer, Dr. E. Morrison, Newton, N. J.; Reporter, Dr. H. D. VanGaasbeck, Sussex, N. J.; Annual Delegate to the State Society, Dr. E. A. Ayres. Dr. L.

Truax was elected to membership in this Society. The meeting then adjourned for dinner. A bounteous repast was served by "Mine Host" Diepson of the Union House, after which the Society was again called to order by the President, who then introduced Dr. Walter B. Johnson of Paterson. The doctor addressed the Society, taking as his subject "Some of the Common Diseases of the Eye." This subject was handled by the doctor in a very able and instructive way, taking up the diseases met with daily by the general practitioner, giving an outline of their diagnoses and treatment. This subject was then discussed by Dr. Pooley, Sr., he adding many interesting points from his long and varied experience. Dr. H. S. Martland of Newark was then introduced by the President of the Society. The doctor read a paper entitled "Importance of Laboratory Work," and took as an example syphilis as a means of illustrating his subject, showing with the electric lantern the various stages of the disease; also showing the different measures used in laboratory work to aid in diagnosis. He showed also the different stages of the work in making the Wassermann reaction. This paper was practical and was ably presented by the doctor. General remarks on the above subject were made by Dr. R. M. Curts, councilor for the district, and by Dr. T. N. Gray, Secretary of the State Society. This meeting was one of, if not the best meeting ever held by this Society. It was largely attended and great interest was shown in the proceedings. Dr. Morrison of Newton said that he had attended all but one or two of the meetings of this Society for the past thirty-four years and that this meeting was the best and most instructive that he had ever attended. The Society then adjourned to meet in Newton for its regular Spring Meeting.

Report of Local Societies

Bayonne Medical Society.

M. I. Marshak, M. D., Secretary.

The Bayonne Medical Society met at the home of Dr. S. I. Meyers, on Monday, November 17, 1913. Dr. G. K. Dickinson, of Jersey City, was the guest of the evening. The following cases were reported and discussions thereon were held:

Dr. F. M. Corwin reported a case of Acute Cardiac dilatation with pulmonary edema, following ingestion of corned spare ribs. Under atropine and cardiac stimulation the edema cleared up. Blood pressure 125. Gave further cardiac stimulation with little improvement. Heart irregular and weak. Despite low pressure, decided to give arterial dilators. Gave nitrites and cardiac action became regular and strong. Would like to know why he got the result from pressure reducers, when pressure was 125, and not from pressure raisers.

Dr. M. A. Swiney reported a case of dilated ureter following operation on ovarian cyst. This came on seven days after said operation. At first thought it was a collection of serum and drained through the cul de sac. On giving methylene blie the fluid that drained was stained, proving it to be urine. In explaining this condition, he said "if ureter had been tied this result would have come on in 24-48 hours;" as it did not, he thought contraction of scar tissue had caused kink in ureter with subsequent dilatation. Latter course of the case proved this because the lumen was later re-established.

Dr. Dickinson on discussion spoke of Mayo's case of tying both ureters in three days drained both kidneys with good result.

Dr. E. Thum reported a case of Chronic Mastoiditis of two years' standing with few symptoms. Dr. Wendall Phillips on operation had to expose a portion of dura and lateral sinus to clear away diseased tissue. Good result.

Dr. Klein reported a case of syphilis. Brought up problem of how to keep him from getting married. Suggested sending such patient to see "Damaged Goods" or other such play.

Physicians of Montclair and Vicinity.

Walter B. Mount, M. D., Secretary.

A Regular Meeting of The Associated Physicians of Montclair and Vicinity was held on Monday evening, November 24th, at the Montclair Club. The President, Dr. J. Corwin Mabey, occupied the chair.

Dr. George L. Brodhead, Professor of Obstetrics at the New York Post-Graduate Medical School, was the speaker of the evening. His paper, entitled "The Use of the Champetier de Ribes Bag in Obstetrics," was a careful review of the conditions, indicating the use of the bag and of the results of its introduction in each of these conditions. He also gave many statistics as to the results of bag introduction in general, as the time of onset of first pains, etc. He said the bag was not very servicable before the sixth month. An anesthetic rarely was necessary for its introduction. In ecclampsia in the early stages he favored the use of the bag combined with veratrum veride and eliminative treatment, and sometimes venesection. He had seen no harm from veratrum. The greatest use of the bag is to induce labor a few weeks before term in cases of contracted pelvis. It was also very useful in placenta praevia, in dry labors, especially with a prolapsed cord, in dystocia where stimulation and not rest was needed. The speaker urged caution in the use of pituitrin. He felt that in ecclampsia the best treatment in the hands of most men is medical treatment combined with induction of labor by bags; that Caesarean section would be a safer operation if done only by certain men; that the bag and the bougie in combination were more certain than either alone, but that the bag was the more efficient of the two.

There was a wide and interesting discussion of these points by most of the members and guests. After adjournment there followed informal discussions in smaller groups while a buffet supper was being served. Dr. Peck, of Tien-tsin, China; Dr. Lathrope, of Morristown, and Dr. Truesdell, of New York, were present as guests.

Dr. G. K. Dickinson spoke of the various stage of medicine in the last twenty-five years, from empiricism, to special therapy to pocket therapy, now surgery. Sees coming of fine diagnostics in the near future as aim of physicians. He spoke of diagnosis of dyspepsia and how this is often carcinoma; of the great danger of improper and hurried examinations and mentioned the fact that 75% of cases going to Mayo's for operation are sent home after diagnosis, without operation.

Dr. G. H. Sexsmith spoke about appendicitis and waiting before operation. Illustrated by two cases, one with very few symptoms, found one-half appendix gangrenous on operation; other case six months' standing, appendix long, apex under cecum, cecum bound down to pelvic brim by adhesions producing a "Lane's Kink." Also reported a case of Pott's disease. Dr. Abbe's operation done, splint reaching from tenth dorsal to sacrum. Two weeks later had slight chill, next day chill with temperature to 106½. Tenderness over right kidney. Temperature remained at 104 for forty-eight hours, tender now on both sides, comforted by ice bags. Next day pus in urine. This continued for three or four pus in urine. This continued for three or four days, then temperature came down. Later went up again and had another flow of pus. Now normal, no tenderness or temperature. Probably a pyelitis. Colon bacilli infection.

Dr. W. H. Axford—A case suffering from so-called indigestion. Pain in epigastrium and back. Mitral disease cause of all the trouble, showed how proper examination and diagnosis were necessary for proper treatment.

Dr. S. R. Woodruff—Cyst in vaginal wall size of an egg, seemed to be hernia, came down on coughing. Located on anterior vaginal wall at junction to cervix. Punctured and drew out a thick gelatinous fluid. Also a case of plastic operation to form vagina. Now pregnant, will probably have to do Caesarean.

Dr. G. K. Dickinson then read the paper of the evening, "Wounds and Their Treatment." He spoke of Ross and Kropers' researches showing that leucocytic karyokinesis and cell multiplication was due to auxotic action of creatin and creatinin in broken down tissue and globin from decomposed blood. Fresh blood inhibited cell division. He mentioned three stages of wound repair, first free flowing of blood washing out detritis and bringing anti bodies to wound, second all multiplication of leucocytes and epithelial cells, producing increased phagocytosis, and third congestion. In the first stage best treatment is with tincture iodine. In the second stage if nature is slow and unsatisfactory with necrosis and gangrene, use yeast. In third stage best to use Wright's solution (3% Na. Cl. and ½% Na. Citrate). Keep parts sopping wet. He cited cases to illustrate.

Dr. Sexsmith on discussion spoke of surface wounds. He said, "that there is at present too much interfering with same. Better to dress wounds less often and to use few solutions. Best to dress wounds with oily preparations or to use a membrane like Cargyle's. Best cleanser is alcohol."

Dr. Woodruff said, "it is better to use scientific instead of bacteriacidal principle in treating wounds. If sinus extends under surrounding skin best to open." He advocated tincture iodine treatment of wounds, especially in compound fractures. He cited a case to illustrate. He thought very highly of Wright's solution, also K. I. internally with oxydizing solution such as sod. nitrate externally, thereby producing nascent iodine in wound.

Dr. Dickinson in closing discussion spoke especially on Wright's solution, advocating it for carbuncles and boils. "Parts should be kept sopping wet." This solution should also be used in sinuses, indolent ulcers, and as injection at site of ununited fractures to cause union. Effect produced by hyperemia.

The Board at its last meeting decided to recommend to the Legislative Committee the importance of incorporating the definition of medicine in the present medical statute as well as making provision for requiring one or more years of pre-medical academic study. This to take effect two or three years from now. The advisability of requiring a post medical year in a hospital was discussed. You will find that a great many States are requiring a one or two year college course preparatory to taking up the study of medicine, while some States require a hospital course. So many students present themselves for examination who are graduates of sub-standard medical schools or who enter upon the study of medicine without having previously secured their academic education. It seems wise to call their attention to this matter from time to time, thus avoiding bitter disappointment.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club, on Friday evening, November 28th, 1913, at 8.30 P. M., Dr. R. D. Baker entertaining and Dr. Jaquith in the chair.

The following members were present: Doctors Baker, Bebout, English, Gorton, Hamill, Jaquith, Keeney, Lamson, Meigh, Moister, Pollard, Prout, Smalley, Wolfe, Krauss and Bowles, and as guests of the Society, Doctors Green and Schlichter of Elizabeth; Douglas, Sutphen and Glazebrook of Morristown and Bramley and O'Reilly of Summit.

Dr. Francis Tweddell was unanimously elected to membership in the Society.

The amendment to the By-Laws, increasing the membership to twenty-two, was unanimously carried.

Dr. Hamill nominated Dr. F. C. Jones, of Basking Ridge, for membership.

The paper of the evening was read by Dr. R. D. Baker, the subject being "Gastro-Intestinal Stasis of Mechanical Origin." He said that kinks in the bowel occurred at the junction of a fixed part of the bowel with a movable part. Active factors causing this were posture and malnutrition, aided by heredity and congenital malformation. The points of fixture where such kinks are liable to occur are at the hepatic flexure of the colon, where the mesentery binds the upper part of the caecum to the abdominal wall, also the splenic flexure with its mesentery along the descending colon, also the second portion of the duodenum which is fixed and retroperitoneal.

Midline ptosis may occur in the transverse colon, due to the nonobliteration of the omental bursa. The factors which aid in maintaining the abdominal organs in a correct position are the shape of the abdominal cavity, which is pear shaped with the smaller end downward. The right kidney lies on a shelf formed by the psoas muscle at an angle of 51 degrees. The recti muscles also give support and the abdominal fat acts as a cushion support.

Ptosis is more common in women because the abdomen is larger in its lower part than in men, particularly after child-bearing. The

splenic flexure is always the last to give way and with it goes the left kidney which is always a sign of general ptosis. The symptoms of visceral ptosis are well known. The stasis in the ascending colon causes putrefaction and adhesions. If the right kidney is operated upon, the colon should be anchored at the same time to the abdominal wall. Right sided ptosis is the most frequent variety met with. If the obstruction occurs at the splenic flexure, there is obstinate constipation. Midline ptosis can often be relieved by rest in bed, abdominal support, diet and the fattening process.

General ptosis, of which a floating left kidney is pathognomonic, is not a surgical condition.

The paper was illustrated by many X-ray plates, showing the conditions spoken of.

In discussion, Dr. Glazebrook said that he had been very much interested in the medicinal treatment of toxemia, due to mild ptosis. He showed an abdominal belt used by Dr. Lane in such cases, and he had great success with Russian Oil in one ounce doses given a half hour before meals, the action of which is simply as a lubricant.

Dr. Bowles said that this subject is receiving a great deal of attention in England. Severe operations are performed, resection and short-circuiting of the large bowel, and success is met with. It is not done in this country to any extent as yet. He thinks that medical treatment should first be tried.

Dr. English has found that pain over the spleen at the free border of the ribs, is a symptom in these cases. He also uses the Russian Oil with success in diminishing doses. Dr. Moister and Dr. Tweddell have also used the Russian Oil with success. Dr. Baker said that the oil will often be disappointing in severe cases.

Dr. English showed a specimen taken from a child, of a round worm which was passed after the use of santonin. The child had been playing with some bone buttons and had evidently swallowed one of them. The worm had crawled through the eye of the button, the bony portion of which had been digested by the intestinal juices.

Dr. Keeney reported a most interesting case of cancer of the pylorus in a woman fifty-one years of age, in which the diagnosis had been made largely by X-ray pictures taken by Dr. Baker. The pictures showed a small annular growth, with retention of bismuth in the stomach after twenty-four hours. At operation, the condition was found exactly as had been diagnosed by means of the clinical symptoms and X-ray findings.

The meeting was adjourned and refreshments were served.

PEOPLE'S LEGISLATIVE BUREAU.

This organization was formed October 28th in the rooms of the Newark Public Library, after consultation on a plan suggested by a committee of the State Charities Aid Society. A large number of organizations were represented at the meeting, including the Medical Society of New Jersey, Drs. D. C. English and T. N. Gray having been appointed by the Board of Trustees.

The functions of this Bureau are to be:

1. To serve as a clearing-house for legislation desired by the constituent organizations and individuals. Proposed subjects of legislation and drafts of bills to be submitted to the Bureau and a summary of all such matter to be issued by the Bureau to all members.

2. The Bureau will promote conferences between the groups desiring similar legislation, to the end that duplication of effort may be avoided.

3. The Bureau will establish at Trenton from December 1 to June 1 a capable worker to keep the members of the Bureau informed of legislative matters.

4. The Bureau will furnish information regarding methods of legislation and may suggest opportunities for an improvement of such methods.

5. The Bureau to be controlled by general committee consisting of at least two representatives from each affiliated organization and an executive committee appointed by the general committee.

An estimate of cost of operation, to include an executive secretary, stenographer, supplies and rent for six months is placed at $2,000.

A committee was appointed to nominate officers.

On November 28th the committee reported, when the following were elected:

President, Rev. Adolph Roeder, of Orange; Vice-Presidents, Seymour Cromwell, of Bernardsville; Richard Stevens, of Hoboken, and Mrs. Harold Buttenheim, of Madison; Recording Secretary, Richard Hartshorn; Corresponding Secretary, Miss Emily S. Hambler, of Orange; Treasurer, Miles W. Beemer, of Jersey City.

Executive Committee—Rev. Augustine Elmendorf, of Jersey City; Arthur W. MacDougall, Mrs. J. R. Paddock, of Orange; C. W. Irvin, of Elizabeth; former State Senator Everett Colby; Dr. D. C. English, of New Brunswick; Winston Paul, of Jersey City, and Mrs. G. W. B. Cushing, of East Orange. The remaining members will be elected later.

Mr. Roeder, who acted as chairman at the opening of the meeting, gave a brief address on the purposes of the Bureau, the plan of which, he said, was favorably received by members of the Legislature, who had expressed the belief that the organization would be helpful in shaping legislative work.

The speaker placed emphasis on the fact that the Bureau would not formulate bills or lobby for them, and he asserted that the particular need was to unify the endeavors of those seeking legislation for any given purpose.

Following a suggestion by Mr. Roeder that care should be exercised not to have the Bureau's proposed executive committee too unwieldly in numbers, it was decided that the body should consist of fifteen members, exclusive of the officers, who would serve ex-officio.

The choice of the agent who will be established in Trenton during sessions of the Legislature was left to the executive committee. It was also decided to have an assistant worker in Trenton, who shall be a woman.

About forty persons were present at this meeting, representing thirty-one organizations, from all sections of the State.

"That man is idle who does less than he can."

THE JOURNAL

OF THE

Medical Society of New Jersey

JANUARY, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

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FOR THE NEW YEAR.

"Just to be tender, just to be true;
Just to be glad the whole day through!
Just to be merciful, just to be mild;
Just to be trustful as a child;
Just to be gentle and kind and sweet;
Just to be helpful with willing feet.
Just to be cheery when things go wrong;
Just to drive sadness away with a song.
Whether the hour is dark or bright,
Just to be loyal to God and right;
Just to believe that God knows best;
Just in His promises ever to rest;
Just to let love be our daily key—
This is God's will for you and me."

A NEW VOLUME AND A NEW YEAR.

We begin with this issue of our Journal a new volume, at the commencement of a new year. We most heartily desire that the new year shall be to every one of our readers an exceedingly

Happy New Year

in heart, home and professional life, and that the new volume may be found more helpful to each of them than any previous one. In order, however, to make it so we must depend largely on the co-operation of the members of our State Society—that the good work they are doing shall be more fully and more promptly reported to their county and local societies and to the editor of the Journal by those societies' secretaries or reporters. We shall thus be enabled to show to the larger body of the profession outside of our State that the profession in the State of New Jersey is fully abreast of the times in the ever-advancing scientific knowledge and in its successful application.

We begin this month a series of contributed editorials on scientific and practical subjects by leading members of our profession in the State. Dr. G. K. Dickinson has kindly responded to our request this month. We shall welcome articles for our "Clinical Reports" and "Correspondence" columns from any of our members. We again thank the county and local societies' secretaries and reporters for their valuable assistance.

HAVE YOU PAID YOUR 1914 DUES? IF NOT SEND THEM TO YOUR COUNTY SOCIETY TREASURER AT ONCE!

PUBLIC HEALTH ADMINISTRATION IN NEW JERSEY.

In the history of corporations, or institutions, and in public matters we generally find that administration precedes efficiency, that laws tending to the perfection of administrative work take precedence over laws tending to the efficient direction of same, that citizens and the public are more inclined to allow their minds to dwell on generalities than on detail. As a consequence of this psychological fact, boards of health have been appointed as a matter of course, but without due regard to their efficiency. Man is so accustomed to be sick and disabled that through his inability to properly connect cause and effect he has accepted the inevitable without comprehending the reason for unnecessary illnesses and deaths. Then again, the health board being a road for publicity, politicians and those politically inclined have taken advantage of such position in order that they might use it as the first rung of a ladder for ascent to something more remunerative and more agreeable. Others have employed it as a resting-place for easy work and moderate income. Material advances in public health matters have been invariably either through public calamity, a temporary hysteria or excitement brought about by some one calling attention to defects and making demand for improvement, or the slower process of public education and resulting clamor for better conditions. We have in this State, as we have in other States, hundreds of local boards, each governing itself, each mapping out its own policy, and none correlating, so that the unhealthy conditions of one com-

munity are not prevented in passing over to another. Disease is not a local condition. Disease processes and dissemination should be considered as a broad matter, demanding at least State control. It is not for us to discuss here governmental control. New Jersey has nearly five hundred boards of health by name. It has scarcely half a dozen that are boards of health by action. The time now is ripe in the public mind and in the professional to bring about the mighty change of State control and forced efficiency. There is that which tells us that with the coming meeting of the Legislature efforts will be made to centralize sanitary authority at Trenton and to make sanitation and disease control compulsory in the different municipalities. The profession is called upon to comprehend the situation and to become interested and use its influence with all its might to further the movement

—G. K. D.

DR. EDMUND L. B. GODFREY.

It is with deep sorrow we record the death of Dr. Edmund L. B. Godfrey, a Fellow of our State Society, President in 1902-3, formerly of Camden, N. J., but during the last three years because of impaired health compelled to remove to South Pasadena, Cal.

Few men in our State were more widely known and none was more highly esteemed by those who knew of his professional standing and his many excellent qualities of mind and heart.

His gentle and genial manner, combined with a strength of character that impelled him to stand firmly for what he believed to be true and right, made him a man whose work will be remembered, whose memory will be cherished and who will be missed from our councils.

The Official List of the County and State Societies' Officers and Members is now being made up. Your Dues must be in the hands of Dr. Mercer, Treasurer of the State Society before January 15th. No name will appear unless the Dues are received. Only those whose Dues are paid will be reported to the American Medical Association as in good Standing.

We regret to hear as the Journal goes to press of the death of Dr. James Alexander Curts, of Paterson. Fuller notice will appear next month.

RETARDING MEDICAL PROGRESS.

SERIOUS THOUGHT FOR THE NEW YEAR.

We believe there is great need for calm and deliberate reflection on some of the profession's mistakes in the past which have retarded progress and tended towards lessening the confidence in, if not the respect of the public for us and for our judgment and claims, and have caused doubt as to any real progress, marvelous as *we know* that progress has been.

One of the most serious mistakes has been the lack of careful thought and deliberate and wise scientific action in adopting the ideas of mere theorists who have had little experience in the application of their theories as they have urged new methods of treating disease and disease-producing conditions, jumping at faulty conclusions, based on insufficient knowledge. They have made unwarrantable claims of results, some of them doubtless having been actuated by inordinate ambition or the commercial spirit. The Friedmann cure, the multitude of sera, vaccines, bacterins, etc., for nearly every disease conceivable, are among the conspicuous instances of remedies that have needed and still need careful study.

But we take a more popular movement, an eminently wise and practical one, when properly conducted—the great campaign to eradicate tuberculosis. Some of us believed at the time that campaign was inaugurated that two great mistakes were made—overconfidence and fear; that tuberculosis would be "wiped out," as some of the speakers said, "within two decades" and that the tuberculous patient was of necessity a dangerous person to come in contact with. More deliberate thought and less hasty judgment would have put the date nearer 250 or even 500 years for its complete eradication, and would have declared that the tuberculous patient, with proper care of himself, especially of his sputum, is perfectly harmless. The results of these mistakes have been to discourage and lessen activity or to shake the public's confidence in the success of well-directed efforts to stamp out the disease; and to cause decided opposition to the location of tuberculosis sanatoria and hospitals in the best located places, especially near cities or in residential sections.

We see the same lack of deliberation in studying conditions and maturing well-devised methods in dealing with some problems where wise planning would cause

marked advances in the most important department of our profession's activities—that of preventive medicine, e. g. the medical inspection of schools, the teaching of sex hygiene, the introduction of playgrounds, the treatment of the feeble-minded and other defectives, the sterilization of criminals, the marriage of the physically or mentally unfit, the eradication or control of the spread of gonorrhoea and syphilis, etc. We cannot at this time refer to the mistakes in the application of the various measures above referred to. We do, however, ask the profession to consider the tendency to lessen the number of medical school inspectors, substituting the nurse for the physician, *if it means* that the nurse is to become a *quack physician—diagnosing and treating diseases*. We suggest this entirely from the viewpoint of the good of the children and not at all with reference to the physicians' interests. These are all matters of immense importance in their bearing on the welfare of humanity and the good of the State and its citizens, mentally, morally and financially.

Then there is the general campaign of education of the public on all matters—medical and sanitary—started by the A. M. A. and largely in charge of the medical and other women of our country—a most excellent work, provided it is well studied out and carefully planned before being put in operation, with lecturers qualified to give the instructon that is really helpful—bearing in mind that "a little learning is a dangerous thing" on some subjects which take physicians years to learn theoretically, and many more years of practical experience to master.

We especially call attention to the dangers that threaten both the profession and the public by the manufacturers who are flooding us with new sera, vaccines, etc. In opening the discussion of the paper by Dr. H. D. Pease, at the annual meeting of the N. J. Sanitary Association last month on "The Relations of Vaccines and Serums to the General Public Health," Dr. T. N. Gray spoke of the menace to the public health in the indiscriminate use of the sera and vaccines, in view of the present condition of insufficient knowledge, and said:

> The manufacturers of the various sera and vaccines have for a long time been flooding the medical profession with literature, and were their statements and claims relied on, we would throw away all other remedies and start on our morning rounds with syringe and single, specific and polyvalent vaccines. The menace to the public health is in the fact that this literature falls into the hands of a host of lazy physicians, who never read their journals, who are always looking for a short cut in treating the sick and for a sure cure-all. These men do not seem to know the difference between a serum and a vaccine. They know nothing of the reaction called anaphylaxis, but, taking the statements and claims of the manufacturer as the whole truth, they proceed to inject their patients with something, the full potentiality of which even those delving into the mysteries of bacterial life do not know. What a danger the vaccines and sera are in the hands of a physician who, knowing himself to be an asthmatic, has a brother physician throw into him a full therapeutic dose of tetanus antitoxin, with a resulting anaphylactic attack which almost proves fatal! What a danger in the hands of physicians who administer it to their patients whom they know to be asthmatic! These are not the only ones at fault; there are hundreds of physicians, with as little knowledge as those referred to possess, who are misled by the manufacturers. They have no more right to inject a serum or a vaccine than I have to do an appendectomy.

We need add nothing to these strong words. They ought to make a decided impression on any practitioner who is tempted to use any of these remedies without proper knowledge of the remedy and its effects on the individual requiring treatment.

At the present time the value of radium as a cure for cancer is one of the most important questions before our profession, and while our present knowledge leads us to expect marvelous curative results, we must remember that it is yet in its experimental stage and we, as scientific men, must wait for that fuller knowledge that shall come from the investigations of such able men as Dr. Robert Abbe and Dr. Howard A. Kelly, who are giving it careful study and thorough trial, before reaching positive conclusions as to its power and limitations in the treatment of the various forms of cancer.

The same may be said of the recent Coolidge invention—his new method of generating X-rays which it is claimed—not yet proven—will be of great value in the treatment of cancer. It is stated that Coolidge's new tube gives X-rays of the most remarkable penetrating power and is controlled to a degree undreamed of when Roentgen made his discovery. It is said that the rays are generated powerful enough to give a full treatment in fifteen seconds, the usual time heretofore with the most powerful apparatus having been fifteen minutes.

In this world, it is not what we take up, but what we give up that makes us rich.—Beecher

PEOPLE'S LEGISLATIVE BUREAU.

We believe the State Charities Aid Society has done an exceedingly wise thing in suggesting the creation of this Bureau, an account of which will be found on another page. We should ever bear in mind that this organization is not intended to formulate bills or lobby for them, or to control the action of our legislators, but rather to assist them and uphold them in the enactment of laws that shall be for the good of our State and its citizens; to stand by them in opposing and resisting the pressure brought to bear upon them by men who seek improper or harmful legislation for their own selfish advancement or their party's supposed advantage.

We know there are always a few men in the Legislature who fail to recognize, in their official actions, that *they* serve their party best who serve the best and highest interests of the State and its citizens to the best of their ability in seeking wise and righteous legislation. Such men need to be reminded of that fact by this Bureau, which we hope will also endeavor to enlighten our citizens as to the character and effects of proposed legislation, the methods of securing legislation and the arguments of those favoring or opposing important proposed laws. The Medical Society of New Jersey has not in the past, will not in the future, ask for or desire any legislation that does not aim at the highest physical, mental and moral conditions of the citizens of our State.

NEW JERSEY SANITARY ASSOCIATION.

The annual meeting of this Association was largely attended and the program, which we gave in our November Journal, was carried out. The papers were all of decided merit to sanitarians and as doctors have always been regarded as leaders in scientific sanitation they will find the published report of the proceedings—to be issued in February and to be obtained from the secretary, Dr. Guion, of Atlantic City—worthy of their careful reading. We expect to give our readers next month the excellent paper of Dr. H. D. Pease, of New York, on "The Relation of Vaccines and Serums to the General Public Health" and the address of Hon. Homer Folks, of New York, on "Co-ordinate Health Administration—State and Local."

The address of President B. V. D. Hedges, M. D., was an able presentation of some of the results of the Association's 38 years of work, and to some of the present-day problems that need wise solutions. "Problems that are throbbing with human interest, because they affect human lives." The other papers were on Pure Food, by Prof. Winslow; Public Water Supplies, by Prof. Ogden, of Ithaca, N. Y.; Open-air Schools and Playgrounds, by Prof. M. T. Scudder; Health and Sanitation in Our Public Schools, by State Commissioner of Education Dr. C. N. Kendall, and Disinfection, by Dr. C. V. Chapin, of Providence, R. I.

We regret that the reports of the last meetings of the Somerset County Society and of the Associated Physicians of Montclair and Vicinity, also an original paper by Dr. F. D. Gray, came too late for insertion this month. They will appear in the February Journal.

DR. VICTOR MRAVLAG HONORED.

Medical practitioners of national prominence joined in honoring Dr. Victor Mravlag at a complimentary dinner given him December 3, 1913, by his professional friends at the Elks' Club, in celebration of his fortieth anniversary as an Elizabeth physician and surgeon. Dr. Abraham Jacobi of New York, president of the Medical Association of America, and considered the dean of the profession in this country, was a speaker, paying a remarkable tribute to the guest of the evening as a doctor and citizen.

Dr. Arpad Gerster of New York, another doctor of national reputation, gave a most interesting and entertaining talk. Dr. Gerster, who introduced aseptic surgery in America, has known Dr. Mravlag since October, 1866. The two men entered the Vienna Medical University together, and have been close friends ever since. Dr. Gerster was offered a professorship in the University of Berlin a few years ago.

Dr. Mravlag was greatly surprised and pleased by the appearance of Dr. Jacobi and Dr. Gerster, and in his speech expressed the appreciation he felt at their presence. Dr. Mravlag was further agreeably surprised later in the evening, when Dr. Stephen T. Quinn, the toastmaster, presented him with a handsome gold watch on behalf of his professional friends.

The diners assembled at 7 o'clock. There were about fifty present, including, besides Dr. Jacobi and Dr. Gerster, Dr. E. J. Ill of Newark and prominent medical men from all parts of the county. Dr. Quinn recalled that Dr. Mravlag was the first man to perform an operation at the Elizabeth General Hospital and likewise performed the first operation at the St. Elizabeth Hospital. He assisted at the first operation at the Alexian Hospital, Dr. Quinn continued, and he highly lauded the guest of honor.

Dr. Walter E. Cladek of Rahway, Dr. B. Van Hedges of Plainfield, Dr. E. J. Ill of Newark, Dr. J. P. Reilly and Dr. Arthur Stern of Elizabeth also voiced the praise of Dr. Mravlag. The celebration was under the direction of a committee comprised of Dr. Charles H. Schlich-

ter, Dr. Stephen T. Quinn, Dr. Arthur Stern and Dr. Thomas E. Dolan.

Dr. Mravlag, in expressing the honor he felt was extended him by such a distinguished gathering, made a most felicitous address. In mentioning allusion that had been made to his characteristic aggressiveness, Dr. Mravlag said he had always tried to utilize his aggressiveness in support of principles. One's twenty-fifth and fiftieth anniversaries are usually celebrated, he declared, and he believed his friends had decided to commemorate the fortieth anniversary because they feared they would be extinct when the fiftieth arrived. He referred to his long association with the Elizabeth fraternity, and expressed the good feeling that had always prevailed.

Dr. Jacobi gave his estimate of Dr. Mravlag from a professional and social standpoint. He paid a great tribute to the guest, and declared that in their thirty-five years' acquaintanceship he had held him in the highest esteem, both professionally and otherwise. Dr. Mravlag's opinion he always valued, he declared. An interesting incident occurred when Dr. Jacobi arrived at the railroad station from New York. A carriage awaited him, but Dr. Jacobi inquired as to the distance to the Elks' Club and said he preferred to walk. He is 85 years old, but his appearance does not betray it. Dr. Mravlag was a guest at the celebration of Dr. Jacobi's seventieth birthday, when complimentary telegrams were not only received from all parts of America, but from Japan, Germany, England and other countries in different parts of the world.

Dr. Gerster referred to his intimacy with Dr. Mravlag, beginning with the time when both were students at Vienna. Then, as now, the speaker said, Dr. Mravlag was a man of ability and keen judgment. Their friendship had continued unbroken since 1866, he said, and they had always kept in touch with one another, although great distances apart for years at a time.

Dr. Ill spoke of Dr. Mravlag as a true friend, and one whose professional and social acquaintance should be appreciated. Dr. Cladek and Dr. Hedges told in what esteem Dr. Mravlag was held by the professional men and public in the neighborhood of his home city, while Dr. Reilly and Dr. Stern gave the local tribute to him.

Those present at the dinner were the following:

Dr. Abraham Jacobi, Dr. Arpad Gerster, Dr. Oppenheimer and Dr. F. H. Albee, of New York; Dr. E. J. Ill, of Newark; Dr. Walter E. Cladek and Dr. John M. Randolph, of Rahway; Dr. E. W. Hedges and Dr. P. B. Creger, of Plainfield; Dr. H. P. Dengler, of Springfield; Dr. Thomas Prout, of Summit; Dr. J. L. Perkins, of Cranford; Dr. R. R. Sinclair and Dr. J. B. Harrison, of Westfield.

Dr. E. B. Grier, Dr. J. S. Green, Dr. Stephen T. Quinn, Dr. Alvin R. Eaton, Dr. M. A. Shangle, Dr. C. H. Schlichter, Dr. Arthur Stern, Dr. Emil Stein, Dr. R. A. Shirrefs, Dr. G. M. Guidi, Dr. Moe Robinson, Dr. Joseph Funk, Dr. Horace R. Livengood, Dr. J. P. Reilly, Dr. George Knauer, Dr. F. Steincke, Dr. Thomas E. Dolan, Dr. Otto Wagner, Dr. F. R. Bailey, Dr. Bascewicz, Dr. Stanley R. Brown, Dr. A. W. Lamy, Dr. Norton L. Wilson, Dr. W. Boozan, Dr. P. DuB. Bunting, Dr. J. N. Hanrahan, Dr. D. R. McElhinney, Dr. L. E. Froomes, Dr. C. R. Keppler, Dr. J. H. P. Conover, Dr. Alfred Oakes, Dr. Z. L. Greisemer, Dr. J. E. Roach.

Dr. Mravlag is a remarkably active man, physically, as well as mentally. With a briskness completely belying his years, he hurries to the City Hall every morning about 9:30 o'clock from his home in East Jersey street nearby, and the trying duties of the office are transacted without the least fatigue being experienced by the alert executive.

Dr. Mravlag is a graduate of the University of Vienna, and he came to Elizabeth in 1873. He has been connected with the Elizabeth General Hospital since its establishment and is considered one of the foremost physicians and surgeons in the city. He was the first president of the Clinical Society, and is a member of the German Society of Medical Practitioners of New York and vicinity. He was surgeon of the Third Regiment, National Guard of New Jersey, for twenty years, including the period when the Spanish-American War was in progress.

His diversion in life has been politics. He served in council years ago, and in 1908 was induced to become a candidate for Mayor. After an exceedingly bitter campaign he defeated General Dennis F. Collins by 931 votes. Upon completion of his term, he decided to devote all his time to his private business again, and refused to seek a second term.

The sentiment for him was too strong to be ignored last fall, however, and despite the fact that a Democratic sweep all over the country was "in the air," he threw his hat into the ring. As a result, he was again elected, although the rest of the Democratic ticket was generally successful throughout the city.

AMERICAN MEDICAL COLLEGES.

By Frank W. Pinneo, M. D., Newark.

The American Medical Association, by its council on Medical Education, has published the Standards which constitute the essentials of an acceptable Medical College. By them the rapidly developing progress in medical education is going to be mainly shaped. The admission of students demands at least a four-year high school course and in addition a year of preliminary college work. The grade of the medical college is to be maintained by exactions covering the courses of study, examinations, equipment and other facilities, quality of teachers, financial resources to employ at least six trained professors whose entire time shall be given for such laboratory subjects and their research work as anatomy, physiology, pathology, bacteriology, physiologic chemistry, embryology and clinical diagnosis. The faculty must be well organized and have a good system of records. The college must have ample hospital resources for the work of the latter two years in all clinical branches. A fifth year before graduation as interne in hospital is a future aim. Emphasis is laid not alone on the work of the college years but especially on the quality of the students to be admitted, the colleges being held responsible for this. The college should have a working medical library of enough modern works and the Index Medicus and, besides, 30 or more current periodicals, with a librarian in charge; also a well kept medical museum supplied from post mortems; and, finally, equipment with animals, etc. for research work (carefully sup-

ervised) and apparatus as steropticon prejectoscope, x-ray, etc.

The impression one gets from these Standards is that the foundation of a true medical education is mastery of the preliminary sciences and thorough work in the laboratory subjects so that in their later clinical application to the sick there may be the least of empiricism and theory and the utmost of demonstrable truth.

The 118 medical colleges listed are classified in four groups as follows:

Class A plus—Acceptable. 24 medical colleges in 18 states.

Class A— Lacking in certain respects but otherwise acceptable 41 colleges in 27 states.

Class B—Needing general improvements to become acceptable. 24 colleges in 17 states.

Class C—Requiring a complete re-organization to make them acceptable, 29 colleges in 14 states.

The Carnegie Foundation for the Advancement of Teaching has published an exhaustive study of Medical Education in the United States and Canada. On the "Proper Basis of Medical Education" it points out that modern Medicine has two categories of fundamentals, physics, chemistry, and biology in preliminary preparation and, on the other hand, "the more subtle elements of cultural insight and breadth of horizon;" for society puts upon the practitioner great ethical responsibility, requiring not merely technical training, remedial application to the sick individual, but knowledge of conditions which make for prevention and social physical and moral well-being. On the "Actual Basis of Medical Education" it finds the 155 medical schools fall naturally into three groups according to entrance requirements, from some preliminary college work down to nothing but pretence of rudimentary schooling. The low requirements of some stimulate the growth of commercialism in medicine, first in the schools themselves, then naturally in their students, who looked upon medical practice as a trade of profit, and finally upon legislatures which saw little need for scrutinizing the professional training of applicants. This condition has greatly improved, but the Report emphasizes that it is upon the medical school that hope rests for the practitioners' qualifications keeping pace with the rapid advances being made in all the medical sciences. That America is in the van of medical progress should not satisfy until the fruits of that progress are seen in the education of all its practitioners and every sick man anywhere shall have done for him everything that this day has made humanly feasible. The old-time training of the student, at first wholly practical, as apprentice to a preceptor, often excellent where the latter was a man of pure conscience and lofty aim; later didatic, when set doctrines were formulated and, as theories, were good, but lacked the individual application which the apprentice method had supplied; these both, have given way to a system whereby the student, adequately prepared in the fundamental sciences and inspired by enough classical knowledge, shall master during the first half of his college course the laboratory subjects and then by work at the bedside study the sick man himself, adding (for every student when possible) still another year or two as interne in a general hospital. In the "Essay on Man" we read "The proper study of mankind is man!"

It is shown how false is the plea that low entrance requirements are in the interest of the "poor boy" for, granted the worthiness of aid for any who lack opportunity and may be helped over obstacles, the chances for preliminary education are practically within reach of all and, by statistics even in 1907, the report shows that fully one-half of the number of medical students graduating could conform to the standard urged; further. that to launch for a livelihood in medicine, an increasing number of poorly-qualified men disappoints them in their future, burdens society with misplaced workers in a field which has not been provided for the number thrown upon it, and imperils the sick. And even for the poor boy, argument for easy entrance fails, for granted early planning, prudence and steadfastness in purpose, without which "Medicine is no calling for him," poverty will not block his way, as a four-year medical education of the grade criticized cost $1,420, as against six years at Ann Harbor for $1,466. If, then, not the public and not the student profit by low grade, only the poor school is left to flourish by it. The question is not one of expenditure but of efficiency.

The report embraces analytical investigations of the whole course of study, the financial aspects of medical education, the State boards, post-graduate work and other matters of importance and interest. It is characterized by a brood-minded and thorough method with conclusions which, if critical and scientific, make for advancement of medical education, to the great benefit of the people at large in whose interest it is made.

An article on "The German Side of Medical Education" appears in the Atlantic Monthly (November, 1913), by Mr. Abraham Flexner (the author of the above report of the Carnegie Foundation), and has such interest that its bearing on this subject of medical education is pertinent here. He comments on the exodus of medical men to Germany for post-graduate laboratory and clinical instruction, points out the superior governmental control of the requirements for a degree there (contracting American conditions favorably only in one respect, our fine endowments from private benefactors, whereas there the government does everything), and analyses the curriculum. The secret of German superiority in medical education is that a strong government has made it impossible for a poor medical college to live, by making a distinct line as a minimum requirement, though above this colleges differ widely in the excellence of their equipment, management of resources and efficiency in results. Their curriculum falls into three, unequal, divisions: (1) Physics, chemistry and biology; (2) anatomy, physiology, pharmacology, pathology and legal medicine; (3) clinical application. A characteristic is the extensive liberty of choice allowed the student, it being assumed that he is a mature man and has had full mental discipline in his secondary education. This responsibility produces results as widely different as individual capabilities, the atmosphere of laboratory and lecture room being permeated with a spirit of adventure, which develops enterprise while losing, it is claimed, none of the advantages of a

more fixed course of study. Anyone who has had the experience as an ardent student of seeking extra work not provided by the regular curriculum, and observed how earnest he must be to get access to laboratory and hospital facilities out of regular term hours and not be frowned upon, can appreciate an atmosphere where this voluntary activity is encouraged and aided. It is only a very few years since such a college as Columbia, Hopkins or Harvard began offering any summer courses in Medicine, an enormous advantage for a student making use of them. When will they further feel the impulse engendered by the German universities toward developing individual initiative while based upon sound general education?

Editorials from Medical Journals

What is the County Medical Society and Why We Should Join It.

From the Delaware State Med. Jour.

Men in the same pursuit often feel the need to get together to discuss common problems, to exchange views and experiences, to gain inspiration. It is this necessity that brings business men and professional men together. What profession has more problems to meet every hour of the day than the medical profession? First the problems pertaining to medical practice in general. The constant changes in the science and art of practice, the learning and unlearning of supposed truths, the ever shifting field of practice, the transitions from old to new conception,—each gives rise to new problems which must be solved and can only be solved by free discussion and interchange of ideas and experiences. The young doctor brings his theory and the old doctor brings his mature experience,—and they swap, each profiting by the deal. The County Society, therefore, is the Doctor's Exchange, and a seat in this exchange should be as valuable as in the stock market, for a profitable deal often means financial success. And, by the way, this is the only kind of stock—the stock of knowledge—that the doctors should deal in, for every other kind usually spells r-u-i-n.

Business men often get together to protect their guild against unfair competition of other conditions inimical to their business interests. Medical practice is a business and requires the same kind of guardianship. The underpaid doctor, the "cheap" doctor, the lodge doctor, the commercial school, the school with a low standard of medical education, the quack, the faker, the patent medicine man, the quack druggist,—these are the enemies of the legitimate practitioner, and these enemies we can fight only by combining our forces. The County Society is the headquarters of our fighting army.

Intelligent, broad-minded men get together to discuss and take action on matters pertaining to public welfare. They take up politics, industrial conditions and other social problems and by their discussion and co-operative action frequently mold public opinion and help to direct public policy. Is there any other profession that can boast of a larger number of public spirited men than the medical profession? Who looks after the health of the community? Who makes the town and the city habitable? Who saves the babies from untimely death? The doctor. Who transformed pest holes into summer resorts? Who made commerce between these same pest holes and the rest of the world possible? Who brought about the successful issue of the greatest engineering undertaking the world has ever witnessed? The doctor. With such great achievements to our credit, it is only proper that the doctors should get together to encourage this social service.

The County Medical Society should be a civic center.

Men of like tastes often get together for social intercourse. During their busy hours they have no time nor opportunity to meet in a social way. To fill this gap, clubs of various kinds are formed. The doctors, more than any other people, stand in need of social intercourse. The opportunites of meeting for a friendly chat are so few that unless satisfactory arrangements are made, they may go through life perfect strangers to each other. Such opportunities are provided by the County Medical Society.

The County Medical Society should be the social center.

To perfect the organization of the doctors in this country, the County Medical Society was made the unit. Therefore, no doctor can belong to the American Medical Association unless he is a member in good standing of his county society. As a matter of fact the American Medical Association has no independent existence. It is the association of county and State societies which control the policies of the Association through their delegates,—truly, a democratic arrangement. Every doctor, therefore, no matter how humble, may help to determine the policies of this great medical body by his influence in the County Society.

To sum up: Every doctor should become an active member of the County Society because:

1. It is the Doctor's Exchange.
2. It is the Doctor's Business Headquarters.
3. It is the Doctor's Civic Center.
4. It is the Doctor's Social Center.
5. It is the unit of the American Medical Association.

Another Victory.

From the West Virginia Medical Journal.

In our October issue we referred to an epidemic of suits for alleged malpractice in the territory of the Barbour-Randolph-Tucker Medical Society, and mentioned the fact that two of these suits that recently came to trial ended in a vindication of the physicians concerned. We are now glad to add one more to this list of victories. The case was against Dr. Golden, tried last month in the circuit court of Randolph County before Judge Warren B. Kittle. A very brief outline of the case, from a physician who was present as a witness, is as follows: The plaintiff fell from the top of a carload of logs as it was passing over a high trestle, making the height from which he fell at least 25 feet. He landed upon a rock with his right wrist, the entire force of the fall being spent upon it and the forearm and elbow, the remainder of his body escaping without the slightest injury. He sustained a compound fracture of the lower ends of the

radius and ulna and some of the carpal bones, with very extensive crushing injuries to nearly all of the soft structures and joints at the wrist, and a dislocation and fracture of the elbow, with much damage to the soft tissues there. Six hours after the injury occurred, during which time the only treatment he received was at the hands of his women folks at home, he was brought to Dr. Golden by his home physician for an amputation of the forearm. With the spirit of a true surgeon Dr. Golden preferred to make an attempt at conservatism, and after much painstaking hard work he succeeded in saving the entire extremity. This occurred about sixteen months ago, and now for nearly a year the plaintiff has been working as a fireman on a locomotive, using that very hand efficiently to handle a coal shovel. But the wrist is stiff and somewhat deformed and the tendons of some of the fingers are not as free as they used to be; and therefore the plaintiff claimed damages to the amount of fifteen thousand dollars. The trial lasted three days, and at its conclusion the judge directed the jury to bring in a verdict for the defendant. Before rendering his decision Judge Kittle analytically reveiwed all the testimony in the case and discussed the laws governing such cases. A number of prominent physicians from different parts of the State who were present at the trial report that the judge's discourse was a masterpiece of logic and an exhibition of a phenomenal memory. We may have more to tell about this case in a future issue. In the meantime we congratulate Dr. Golden and the profession of the State upon this victory.

Is There a Prophylaxis of Appendicitis?

From the American Journal of Surgery.

It is platitudinous to refer to the recognition and treatment of appendicitis as one of the triumphs of modern medicine. The laity has so well learned not only to expect prompt surgical treatment, but also to regard with concern every formerly despised "belly ache" that today the mortality from all forms of the disease is very small. But is the triumph complete? Have we conquered appendicitis because we can cure it? One need not have the actual figures by which to multiply the yearly number of cases with their average disability in weeks, in order to appreciate that the enormous economic loss incident to appendicitis is worthy of an effort at prevention.

We have accepted bacterial infection as the etiology of appendicitis. But this is not the whole answer since it concerns only the final and not the primary cause. Congenital and developmental anomalies are important factors, in our opinion, in at least a small number of cases. In the large number to diet and mode of life play no role? A negative answer is not acceptable without a much more thorough investigation than the subject has ever received.

In Jeffry's and Maxwell's "Diseases of China" we read of appendicitis: "The diseases is relatively rare. Reports are to hand from many parts of China on the subject and all agree that the disease is very common. It is probably a liberal estimate to state that there is not more than one case in two thousand hospital inpatients among the Chinese. The disease is, however, frequently seen among foreigners." Considering the conditions in China, the fact that the medical missionaries there have seen but few cases of appendicitis among the natives is presumptive but, of course, not conclusive evidence of its rarity. The observations have further significance, however, when we are also told that in Shanghai appendicitis is "frequently seen in Chinese who keep a foreign table." The suggestion of a dietary factor is unescapable, if these are facts.

What is the incidence of appendicitis in the other rice-eating countries? What among flesh-eating tribes? A nasogeographic study of appendicitis might teach us a great deal concerning its cause—and prevention. W. M. B.

Euthanasia.

(From American Medicine, August, 1913.)

Condemnation of euthanasia is necessary every little while because this criminal suggestion is made every little while by some rattle brained writer who imagines that physicians shoud kill all they think they cannot cure. It is not put exactly that way, but that is what it amounts to when reduced to its lowest terms and stripped of absurd qualifications. In the first place the basic purpose of the medical profession is to prolong life, not to end it. We never can cure anyone, that is we cannot put a sick man back to the exact condition he was in prior to his illness. Every sickness disturbs the delicate balance of functions permanently and reduces ability to resist the adversities of life. Our duty is to try to make him resist better and longer. Nor can we ever tell how long anyone will live. Some cases which we confidently expect to live many years will suddenly collapse, and the most desperate, apparently moribund cases, may react and outlive those who would have administered euthanasia were it legal. The basic absurdity in the proposition is the assumption that any sick man ever believes that life is not worth the living. In a temporary delirium, one may pray for death and beg bystanders to kill him, but we must look on those statements as we do the suicidal mania of the insane. Life is always worth living and though some of us think we would prefer death to living as the submerged tenth, yet if adversity pushes us down with them, we still cling to life desperately. The plea that the physical suffering of the incurable is a reason for ending a life that might soon end itself, is made only by those who do not know that when necessary the physician always relieves such pain, though as a matter of fact the end of life on earth is generally as painless and unconscious as its beginning, and the nearer we approach the end the less we dread it. The very old may long for the end but will never hasten it. The whole proposition to administer euthanasia is, therefore, without a single justification, but eminates from hypersensitive souls who imagine agonies which never exist. Murders merely shorten life, and euthanasia is threfore but one form of murder. All these facts are so well known and have been published so often, it is amazing that anyone could seriously advocate the horrible suggestion. Perhaps we might emphazise the absurdity of it by mentioning the fact that it would never be possible for a jury of physicians to be positive that an agonizing

early death is inevitable except in desperate injuries where the shock itself causes euthanasia. We trust there will be no further approvals of the proposition, for though it will never be adopted, the mere discussions cannot fail to have a depressing effect on nervous people.

The Need of Better Ventilation.

From Interstate Medical Jour., Sept., 1913.

The ventilation of public meeting rooms has been deplorably neglected, but it is a great satisfaction to notice signs of an awakening of public health officers. Architects have been so culpable that it really seems as though they should be required to obtain sanitary approval of plans of proposed buildings. Nor should any existing building be used for meetings unless approved means of ventilation are installed. The worst rooms are often the public libraries—the very places where the best ventilation is essential. Not infrequently one enters a fine marble pile of beautiful architecture, and is greeted by a foul, sickening odor, which not only prevents mental activity, but which gives the reader a severe headache and other symptoms of poisoning. The sour odor of unclean school children is so overpowering that ventilation must be doubly effective, yet school rooms not infrequently are so poorly aired that there is a positive stench. No wonder the teachers have headaches and get 'nerves, and the children catch about every known infection. We are quite sure that if the ventilation is so perfect that no odor is noticeable upon entering the room from outdoors, we will find not only a tremendous reduction of actual illnesses of the little ones, but also a wonderful improvement in general health and physique. The air conditions often found are amply sufficient to cause the pasty complexions and frail physiques now too common. There would be less need of outdoor school rooms if architects would take "outdoors" indoors—that is, make the room air as fresh as outdoors, and prevent overheating.

Antiquity of the Hunger Strike.

From the British Medical Journal.

History repeats itself. The hunger strike is not an invention of the suffragists, but is a custom of great antiquity. John Scott, in the sixteenth century, while confined in David's Tower in Edinburgh Castle, abstained from meat and drink for thirty-two days in order to show that he was under the special protection of heaven. The procedure of fasting was a legal institution of ancient Ireland. Having exhausted all legal means to conquer the resistance of a powerful debtor, his creditor had only one means of constraint left to him—that of standing before the door of the debtor and of refusing to take nourishment till the debt had been paid. If the debtor allowed the person fasting to die of hunger he was responsible for his death and had to pay his family a considerable indemnity in addition to the original debt. This was called "fasting against or on a person." Dom Gougaud adds that in no Christian society to his knowledge has there been made such frequent and daring use of this curious process as in medieval Ireland. The custom is frequently mentioned in the Brehon laws. Fasting seems to have been practiced when it was desired to turn a heathen king ino a Christian, and the monarch, if hard of heart, counterfasted as a means of protecting himself against conversion. It is recorded that St. Patrick "fasted upon" Loegaire, the heathen overking of Ireland, until the latter embraced Christianity, and in accordance with the superstitions of the times the king and his family felt it incumbent upon them to fast at the same time until this test of endurance was won by the saint. The custom of hunger-striking for the same purpose was formerly common in India, but it is now almost obsolete. It is known in the East as dharna (or dhurna) baithna, or "sitting dharna." It was chiefly resorted to in order to force payment of a debt. The creditor would sit at the debtor's door and taste no food until his claims were satisfied. If the debtor allowed the creditor to starve, it was believed that he laid himself open to supernatural punishment, especially if the starver happened to be a Brahmin; accordingly, Hindus of lower caste would sometimes engage a Brahmin to starve for them.

Medico-Legal Items.

Privileged Communications.

The testimony of a physician as to the state of his patient's general health and mental condition is admissible if it does not appear that what he stated on the stand was information which "was necessary to enable him to prescribe for her," which is essential, in order to bring it within the Michigan statute as to privileged communications.—Steketee vs. Newkirk, Michigan Supreme Court, 138 N. W. 1034.

Expert Evidence.

A physician was asked, in a homicide case, what was his opinion on the day he examined the deceased, when she was found dead, as to what caused the wounds. It was held that this was properly excluded, as the inquiry should have been as to the witness's opinion at the time he was testifying and not at the time he examined the body. He testified that it was possible that in a fall, and striking against a dresser which was in the room, the wounds he found on her could have been inflicted; but as to whether it was probable, he would hate to say. It was held that his evidence was competent and relevant, and should have been submitted to the jury.—Costello v. State, Alabama Supreme Court, 58 So. 204.

Basis of Opinion Evidence.

In an action for injuries a physician testified to an examination he made of the plaintiff approximately a month after the accident, and to his finding that at that time a bruised place on her hip about three inches square, and that her right ovary was very sensitive and tender, and her womb considerably enlarged and inflamed. He further testified that such a bruise in that region would, as a natural result, produce the condition he found in the womb and ovaries. It was held that such opinion was admissible, being based on objective conditions and not entirely on subjective conditions. The fact that he was originally called to treat the plaintiff for

the purpose of testifying as a witness in her behalf did not render his evidence inadmissible. Any contention against the evidence could only relate to the credibility of the witness.—St. Louis Southwestern Ry. Co. vs. Borne, Texas Supreme Court, 145 S. W. 1186.

Practicing Without Authority.

Evidence.—An information charged that the defendant, without having been granted a certificate to practice medicine in the State of Montana, "did prescribe and direct for the use of one Emma Van Orsdel, a person then and there afflicted with a certain physical ailment of the body, to wit, sickness resulting from pregnancy, a certain appliance or apparatus, to wit, a certain surgical instrument, commonly known and called forceps." The Montana Rev. Code, Secs. 1591, 8544, is directed against the offense of practicing medicine or surgery without having first obtained a certificate from the State Board of Medical Examiners. The information, however, having charged that the accused's offense consisted in the giving of a particular prescription, the conviction could only be sustained by proof of that particular act. This being awaiting, the judgment of conviction was reversed.—State vs. Morris, Montana Supreme Court, 122 Pac. 917.

Contract Not to Practice in Vicinity After Dissolution of Partnership Binding.

The Kansas City Court of Appeals reverses a judgment rendered for the defendant in this action to enjoin him from the practice of medicine anywhere within a radius of 10 miles of a named town, directing that a decree be entered for the plaintiff: restraining the defendant as prayed in the petition, and for normal damages. The court says that the plaintiff was an established physician in said town, and desired the assistance of a younger man. After some preliminary talk at different times, he and the defendant, also a physician, entered into a written contract which stated that they had entered into a partnership for the general practice of medicine and surgery at said place, and surrounding territory, said partnership to continue so long as mutually satisfactory and agreeable to both parties, and to be terminable at the will of either, said parties to share equally the expenses and the profits of the partnership, and, in the event of the partnership being, for any reason, dissolved, the defendant agreed not to practice medicine or surgery, for a period of ten years, either by himself or as a member of a partnership, in said town, or within a radius of 10 miles from said point.

At the expiration of several months this contract was dissolved, and their partnership accounts settled between them. The defendant then located himself in the town, and began the practice of medicine, and the plaintiff, as already said, brought this action to restrain him. The law justifies such action. "That contracts restraining the exercise of a trade or profession in particular localities are valid, when there is fair and reasonable ground for the restriction, as in the case of the sale of the good will of a trade or business, where the vendor covenants not to pursue the same business within certain limits, is beyond question." McClurg's Appeal, 50 Pa. 51. In Gordon vs. Mansfield, 84 Mo. App. 367, Smith, P. J., speaking for this court, made the observation that: "The doctrine had been at rest ever since Lord Kenyon declared in Davis vs. Mason, 5 T. R. 118, in which the bond of a surgeon not to practice within 10 miles of the place where the obligee lived was held good." And he further quoted Judge Scott's remark in Prebury vs. Fisher, 18 Mo. 50, that; "There is no practical man who would not smile at the conceit that the public welfare would sustain an injury by enforcing an obligation" which would prevent one from exercising a certain business in certain limits for a limited period.

There was no lack of consideration for the contract. The mutual obligations of a contract stand as a consideration for each other. It is proper to assume that the plaintiff would not have entered into the contract at all without incorporating the agreement not to practice in the named town.

Nor does it appear to the court that the mere failure to seek out the defendant and tell him he ought not to do what he agreed he would not do was sufficient to nullify the contract. —(Glover vs. Shirley (Mo.), 155 S. W. R. 878)

Power of State Board to Revoke Licenses for Practicing Criminal Abortion.

The Supreme Court of Oregon reverses a judgment approving a revocation of license, remanding the case for a new trial, because of the insufficiency of the complaint and the admission of inadmissible evidence. The court says that the State Board of Medical Examiners has authority to revoke a license to practice medicine and surgery for unprofessional or dishonorable conduct, subject however to the right of appeal as provided in the statute. By section 4734 the term "unprofessional or dishonorable conduct" is declared to mean, among other things, the procuring, or aiding and abetting in procuring, a criminal abortion.

The complaint in this case charged the defendant with unprofessional and dishonorable conduct, committed on or about a certain date, at a designated place, by wrongfully and unlawfully procuring, and aiding and abetting in procuring, a criminal abortion on a named woman by means unknown to the complainant, the women being pregnant with child, and the abortion not being necessary to preserve her life. The complaint was insufficient in point of law. Under section 4735 it is necessary in a complaint to charge the acts of unprofessional or dishonorable conduct and facts complained of against the accused licentiate. It is not sufficient to state merely legal conclusions. In this respect, the complaint in this case is defective; for, although it draws a conclusion that the defendant was concerned in procuring a criminal abortion, it does not state facts sufficient to authorize the court to make the same deduction that the action of the defendant was criminal. For instance, an intent to destroy the child is an element of the crime defined in section 1900, and another element is that the death of the child or of the mother must be produced by means of the administration of the medicine, drug or other substance, or by the employment of the instruments or other means mentioned in the statute, said section being the only statute relating to what may be termed criminal abortion. Neither of these elements appears

in the complaint.—Board of Medical Examiners vs. Eisen (Ore.), 123 Pac. R. 52)

Therapeutic Notes.

Alcoholism.

Dr. George E. Petty, Memphis, says that the power of ichthyol to increase the appetite and to promote digestion and assimilation of the food with rapid increase in weight led him to make use of it as a flesh-builder and an appetizer in all conditions where such a remedy was indicated, and this use has been attended by most satisfactory results.

In the treatment of chronic catarrh of the stomach of alcoholics the author formerly depended upon hydrastine or berberine with petroleum emulsion, but, while these are excellent remedies, they are so much inferior to ichthyol that they are not in any sense to be compared with it.

The power of ichthyol to contract dilated capillaries when applied locally to a mucous membrane has been long known, and the author is of the opinion that this probably accounts to some extent for the happy effect it has on the catarrhal conditions of the stomach in alcohol cases. Whether this be the explanation or not, the author cannot say, but from his wide clinical experience with it he is able to say that it meets the indications in these cases most perfectly; in fact, so perfectly that he does not hope for anything better.

Patients object to taking ichthyol for a few days, because of the sulphurous eructations from it, but its antiseptic effect arrests all fermentation in the stomach within three or four days from the time its use is begun, if taken regularly, and then it is no longer objectionable. There is no advantage in putting it in capsules, because the eructations are the disagreeable part of its effects, and these occur just as badly if the remedy is given in capsules as if given in solution; therefore, the author has long since abandoned any effort to give it that way.

It is best used in a 25 per cent. solution, and this should be still further diluted when it is administered to obviate any irritation that might occur. Cinnamon water disguises the taste to a greater degree than any of the other aromatic waters.

The following formula, usually employed by the author, has been the most satisfactory in his hands:

℞ Ichthyol, ʒj.
Garantose.
Sodii Bicarbonatis, aa. gr. iv.
Aquae Cinnomoni, ℥ij.
Aquae Purae, q. s. ad. ℥iv.

M. et ft. sol. Sig.: Teaspoonful before each meal.

The garantose (saccharine), one grain to the ounce of mixture, sweeten it just enough to take away the bitter taste, and the soda is added to render the garantose soluble; otherwise these ingredients have no value in the prescription.—Merck's Archives.

Asthma—Acute.

Mendel states that the crisis may be checked by plunging the hands of the patient in very hot water, or by the application of a mustard footbath. The fumes from a teaspoonful of the following powder ignited on a plate should be inhaled:

℞ Potass. nitratis, ʒss.
Pulv. fol. stramonii.
Pulv. fol. belladonnae, aa ʒiv.

M.

The formula for Pron's asthma remedy, a powder to be ignited and the fumes inhaled, is as follows:

℞ Pulv. fol. belladonnae.
Pulv. fol. stramonii, aa ʒiiss.
Potass. nitratis, ʒss.
Pulv. opii, gr. xv.

M. Sig.: One teaspoonful to be ignited in a saucer and the fumes inhaled.

If the bronchial secretion is very profuse, give the following:

℞ Extr. stramonii, gr. iss.
Extr. belladonnae, gr. iij.
Extr. opii, gr. iss.

M. et ft. pil. no xx.

Sig.: One pill three or four times daily.

When the attack is very severe, resort to pyridine, a colorless and very volatile fluid of a strongly nauseating odor. About 10 drops are thrown on a handkerchief and the vapor inhaled; or, better, a teaspoonful of the fluid is poured into an open saucer placed in the middle of the room occupied by the patient.—Jour. de Med. de Paris.

Arterial Hypertension.

Lauder Brunton recommends the following for arterial hypertension:

℞ Sodii nitritis, 3.
Sodii bicarbonatis.
Potassii nitratis, aa 32.
Aquae, q. s. ad 132.

Sig.: A teaspoonful in a glass of hot water before breakfast. Upon the first signs of myocardial insufficiency, digitalis should, of course, be given.—Med. Standard.

Bright's Disease.

Dr. J. Vassalli, in the Medical Record, reports thirty cases of this disease treated successfully with potassium nitrate. He says:

I comprehend under Bright's disease chronic and acute nephritis; more than half of the thirty cases treated were chronic. I give potassium nitrate in doses of from 0.5 to 1.0 gram, dissolved in 15 c.c. of water every two hours till the casts disappear and the albumin is reduced to a trace, then the same dose three times a day for several weeks after the urine is normal. Potassium nitrate does not disturb the stomach or intestines and has no bad effect on the patient; it is taken best in a half cup of milk. In some cases causes constipation and this action has to be neutralized by some natural aperient water taken every morning. In a case of ten years' duration the action of the remedy was made very clear. When the albumin had been reduced to 0.08 per cent. potassium nitrate was not taken for two weeks and the albumin increased to 0.3 per cent. with reappearance of hyaline casts. In the following two weeks of regular treatment the casts disappeared and the albumin went down to 0.15 per cent. The following six weeks the patient took the remedy occasionally and the albumin did not increase; when during the next two weeks of potassium nitrate went down to 0.08 per cent.

Cardiac Edema—Diuretic Mixture.

Drs. Furbringer and Kohlschutter recommend the following:

℞ Infusion of digitalis, 150 grams.
Tincture of strophanthus, 3 grams.
Citrated caffeine, 2 grams.
Solution of potassium acetate (40 per cent.), 50 grams.

The dose is one tablespoon every two hours.

Ortner combines the infusion of digitals with a double salt of caffeine. He frequently uses theocin or its preparations in conjunction with the infusion of digitalis.

Cholelithiasis—Medical Treatment.

Dr. H. D. Anderson, of Toronto, Canada, in a paper on "The Medical Treatment of Cholelithiasis" read at the annual meeting of the American Therapeutic Society, and published in the Monthly Cyclopedia and Medical Bulletin, says:

The non-operative treatment which has had the widest vogue and has longest held the confidence of the profession is the Carlsbad cure or some home modification of this treatment. This consists chiefly in the copius use of hot Carlsbad water or Carlsbad salts dissolved in hot water. The waters of Vichy, Ems, and Neuenahr have a similar action. In addition, rectal injections of hot water are sometimes used. The diet should be plain and unirritating, and the intervals between meals should not be too long. Some authorities attribute little importance to diet, but I have repeatedly seen dietetic indiscretions followed by a lightning up of acute symptoms. The administration of bile-salts and salicylates for their cholagogue effect and of hexamethylenamine as a biliary antiseptic is generally considered of value. A point which is too frequently overlooked after an acute attack is the necessity of prolonged rest in bed, not alone until all symptoms have disappeared, but until pain or tenderness on pressure has passed away and sufficient time has elapsed for the subsidence of the local inflammation of the bile-passages, re-establishment of drainage, and the disappearance of infection. This usually necessitates three or four weeks' absolute rest in bed. Hot poultices are of value during the acute stages. I do not believe that any case has been given the full benefit of medical treatment where complete rest has not been carried out. Vaccines have been suggested to assist in removal of the infection, but of these I have no personal knowledge. * * *

In conclusion, I believe that the following statements are fairly warranted by our present knowledge of the disease:—

(1) While surgical intervention is frequently the best, and often the only means offering a chance of relief, its advocacy, based on certainy of cure and assurance of non-recurrence, is not borne out by results; (2) The main object of treatment is the relief of the infection and inflammatory changes, and not merely the removal of the gall-stones. So long as there is no recurrence of the inflammatory attacks, there will be no attacks of gall-stones; (3) Recovery not infrequently occurs under non-operative treatment, especially in early and mild cases, and particularly after first attacks, before serious local damage has been produced by the infection; (4) Medical treatment should be given a fair trial in all cases where the patient's physical condition does not warrant operation, and with the numerous patients who refuse operation. In many such cases complete and permanent recovery from all symptoms of the disease will result; (5) Medical treatment is indicated in many cases as a preliminary to operation, and in order to allow the acute infection to subside as far as possible; (6) Medical treatment is indicated in all cases after operation, to allow of complete subsidence of the infection and, if possible, to prevent reinfection and recurrence; (7) It would make for clearness of thinking and give definiteness to therapeutic aims if we adopt the suggestion of Naunyn to give up the term cholelithiasis and classify these various infections of the biliary passages as cholangitis, with qualifying terms such as simple, catarrhal, suppurative, gangrenous, calculous, etc., according to the condition present in the particular case.

Personally, I never advise strongly against operation in any case unless it is definitely contraindicated, but after explaining the possibility of failure, and that operation may eventually be required, I do not hesitate in early and mild cases, and especially after first attacks, to give medical treatment a thorough trial, and have found that in many instances excellent and permanent results are obtained.

Diuretic Potion.

Dr. Herbert has employed the following potion with good results:

℞ Acetate of potassium, 4 grams.
Tincture of squill, 8 drops.
Syrup of eucalyptus, 60 grams.
Infusion of uva ursi, 250 grams.

Hepatic Colic.

A. Robin is credited with the following combination for use in hepatic colic in cases without vomiting:

℞ Potassii bromidi, 6 gm.
Morphinae hydrochloridi.
Extracti belladonnae foliorum, aa 0.05 gm.
Aetheris, 0.6 gm.
Syrupi, q. s.
Aquae, of each, 20 gm.
Aquae laurocerasi, 10 gm.

M. Sig.: One tablespoonful half-hourly, up to three or four doses.—Paris Medical.

Impetigo of Nostrils and Vestibular Rhinitis.

Dr. G. Laurens states that impetigo of the anterior nares is very common in the child and is the result of a chronic rhinitis or of adenoid growths. It is characterized by the presence of crusts, with a chronic irritation and frequently a secondary lymphangitis of the upper lip. The treatment is the care of the general health, the removal of adenoids, irrigation of the nose with normal salt solution, and the application at night of the following ointment:

℞ Ichthyol, 1 gram.
Vaseline, 20 grams.

or

℞ Calomel, 0.25 gram.
Vaseline, 25 grams.

Vestibular rhinitis is characterized by the presence of crusts in the anterior nares, and frequently by the development of a true folliculitis, with the formation of pustules and sometimes

of furuncles at the border of the nostrils. Painful fissures may be present. The most disagreeable complication of this condition is sycosis of the moustache region. The treatment is generally a protracted one. All underlying causes, such as blephritis and disease of the lacrymal tract, should be attended to. A rhinitis should be combated with saline irrigations. Hypertrophied turbinates should be corrected. At night the following ointment should be applied:

℞ Ichthyol.
Yellow oxide of mercury, of each, 0.50 grams.
Vaseline, 20 grams.

The following lotion should be used:

℞ Precipitated sulphur, 5 grams.
Alcohol (90 per cent.), 10 grams.
Water, 30 grams.

A 10 per cent. sulphur ointment is effective.

Swabbing the parts daily with a 5 per cent. solution of nitrate of silver is of value in the scaly and non-purulent forms of vestibular rhinitis.

In suppurative folliculitis it is necessary to incise the lesions and to touch their base with 90 per cent. alcohol, and then with the following:

℞ Powdered saffron, 0.20 gram.
Camphor, 0.50 gram.
Zinc sulphate, 3 grams.
Copper sulphate, 1 gram.
Distilled filtered water, 100 grains.

This mixture is thoroughly shaken, allowed to stand for 24 hours, and then decanted.

Influenza.

After purgation, the following prescription is of value to stimulate the emunctories and reduce the temperature:

℞ Tincture aconiti, 5 c.c.
Spt. aetheris nitrosi.
Syrupi limonis, aa 50 c.c.
Liq. ammonii acetatis, ad 200 c.c.
M. Sig.: One dessertspoonful in a wineglass of water as required.

An equally efficacious mixture is:

℞ Potassii citratis, 25 gm.
Spt. aetheris nitrosi, 100 c.c.
Aquae destillatae, ad 200 c.c.

After the disease has passed the incipient stage, the following combination may be prescribed unless there is some specific contraindication:

℞ Codeinae sulphatis, 0.2 gm.
Acetphenetidini.
Cinchonidinae salicylatis, aa 3 gm.
M. Div. in caps. no. xx.
M. Sig.: One capsule to be taken every three hours.—N. D. Brecht, in Merck's Archives.

Ingrowing Toe-Nails.

Lehmann recommends a simple, effective procedure for the ambulatory treatment of this condition, consisting in the application to the ingrowing edge of the nail, as well as to the inflamed soft tissues, of a dilute solution of ferric chloride. A small pledget of absorbent cotton, mounted on a stick of wood, is used, and care taken to insert it as deeply as possible. The ferric chloride should be allowed to act some time, though it is not necessary that a permanent tampon of it be left. No pain is caused. An application is made daily. The fleshy granulations are rapidly dried out and hardened, pain disappearing. Local infection of moderate degree is promptly overcome, though in cases with marked inflammation a few days should be spent in bed. Ordinarily the patient may be allowed to walk during the treatment, provided the toenail be properly trimmed and broad shoes worn.—Archives de medecine militaire, Tribune medicale.

Sciatica.

℞ Sodii salicvlatis.
Tr. ferri chloridi, aa ʒiij.
Olei gaultheriae, m. x.
Glycerini, ʒvj.
Acidi citrici, gr. x.
Liquoris ammonii acetatis, q. s. ad ℥iv.
M. Sig.: One teaspoonful every three or four hours.—Med. Sentinel.

Syphilis—Massive Injections of Mercury In.

Dr. Ehlers of Copenhagen, in a communication made before the recent International Congress of Medicine, reported his investigations on this subject. His object was to attain Ehrlich's therapia sterilisans magna by means of supermaximal injections of mercurial salts. He employed the solution of benzoate of mercury, as recommended by Desmouliere and Lafay:

℞ Benzoate of mercury, 1 gram.
Sodium chloride, 1 gram.
Milk sugar, 10 grams.
Sterile distilled water, 100 grams.

Ehlers found that a 2 per cent. solution of benzoate of mercury was still better than the above. He began with injections of 2 centigrams each, but he proceeded cautiously. He gradually increased the dose to 25 centigrams. Favorable results are reported with the use of this method which is regarded as superior to the use of salvarsan, at least from an economic viewpoint.—Revue de Therapeutique, October 1, 1913.

Tape Worm.

Thymol is said to be an excellent remedy for tapeworm, and in Indo-China where the affliction is very common it is almost the only remedy in use at present. It is said to be successful in 100 per cent. of the cases.

The evening before, the patient is allowed only milk, and next morning whilst fasting he is given 1 grm. (15 gr.) of thymol in cachet or capsules every hour until three doses are taken. Three-quarters of an hour after the last dose is taken he is given a saline purge. He is ordered not to go to stool until the desire is irresistible and then must sit over a vessel containing hot water. Generally, all is over within two hours after taking the purgative. In the afternoon he is given light diet and next day is allowed his ordinary food.

No oil or alcohol is to be given lest the thymol be suddenly dissolved in the stomach.

Urticaria.

Dr. A. C. Geyser, of New York, in a paper in American Medicine on "The Treatment of Skin Lesions Due to Faulty Metabolism," says in regard to treatment:

If the particular food for which evidently a

certain idiosyncrasy exists is known, it may be simple to discontinue such food and cure is the result.

For the local or external treatment there is nothing more efficacious than the brush discharge from the positive side of the static machine. One single application relieves the itching at once and the relief will last for days.

For the systemic treatment, there is nothing better than a brisk cathartic, my preference is castor oil if the patient can take it; if not, use one grain of phenolphthalein every three hours during the day for two or three days according to results. During this time there should be abstention from all food excepting soured milk or buttermilk. After the third day coarse bread, fruit and vegetables are permissible. Preceding or following each meal the patient should take one or even two doses of a solution of lactic acid bacilli. A man going to business may use compressed tablets of the Bulgarian lactic acid bacilli which are more convenient and perhaps as efficacious. In children under the school age, such treatment is not practicable. The most important points, however, may be summed up as follows: Relieve the itching either with static spray or with a one per cent. carbolic acid solution, reduce the food intake to a minimum, give lactic bacillus liquid a dose three times daily, keep bowels open with castor oil or phenolphthalein, gr. ½, every four hours during the day.

A Simple Test for Urobilin.

Hausmann, in Deutsch. med. Wochenschr.: It is often of interest, especially in cardiac and hepatic cases, to test the urine for urobilin. The writer advocates the use of copper sulphate for this purpose. To 10-20 c.cm. urine add 20-40 drops of a 10 per cent. solution of copper sulphate; shake gently and add 2-4 c.cm. chloroform. After shaking carefully once more, the chloroform is allowed to settle to the bottom of the test-tube. Urobilin colors the chloroform from yellow to dark red, according to the amount of urobilin present.

Dr. Savill, in the Practitioner, July, 1913, recommends, in the treatment of ring worm, a lotion consisting of picric acid, seven grains; camphor, one-half ounce; and rectified spirit, one-half ounce. He reports excellent success in its use.

In the treatment of rheumatic fever combine a little glycerin with your sodium salicylate solution. It will make the salicylate more palatable and also less disturbing to the stomach. A salicylate made extemporaneously by the combination of salicylic acid (from oil of wintergreen) with bicarbonate of soda is said to be more effective than the stock salicylate. Locally, the salicylate may be employed as:

Salicylate of menthyl, ʒj; menthol, ʒi; petrolatum, ℥i.

To retain cotton on a probe, rub a little wax on the probe, warm slightly, and wrap the desired amount of cotton on. The wax will cool and retain the cotton, and can be warmed again and the cotton readily removed.—Critic and Guide.

When strong solutions of silver nitrate are applied to the eye they should be neutralized by solution of sodium chloride.

Erysipelas causes an infiltration of the tissues which has a border line that can be distinctly felt by the fingers.—Medical Summary.

Hospitals; Sanatorium.

Bayonne Hospital to be Enlarged.

The board of directors of the City Hospital decided December 11th to erect a $30,000 addition to the present structure in East Thirtieth street. The money will be raised on bond and mortgage.

Monmouth Hospital to Celebrate.

The Monmouth Memorial Hospital early this month will celebrate its silver jubilee. The hospital was founded by the late Dr. S. H. Hunt and Mrs. Hugh J. Hasting. The latter twenty-five years ago paid rent for four rooms in the Reisner building, and afterward furnished a bedroom. The hospital to-day treats more than 3,000 patients annually, and has property valuations and equipment in excess of $250,000.

North Hudson Hospital.

Three physicians on the medical staff of the North Hudson County Hospital, Weehawken, N. J., have requested the Board of Governors of the Hospital to authorize an investigation of charges which have been made against the management of the institution, offering to pay the cost of such an investigation. There has for some time been friction between the superintendent of the hospital and the members of the attending staff.

New Hospital at Paterson.

Ex-Mayor Nathan Barnert of Paterson, N. J., who has maintained the Barnert Hospital in that city for some years, has offered to give a new building to take place of the present institution. He has transferred to the city an entire block consisting of sixteen lots, and, if his offer is accepted, will erect thereon in memory of his wife a hospital at an estimated cost of $250,000.

Enlarging Insane Hospital at Snake Hill.

The Board of Freeholders of Hudson County on December 11th, decided to issue bonds for an addition to the present insane asylum at Snake Hill, at a cost of $50,000. Charles F. Long, of Jersey City, was appointed architect of the job at a commission of five per cent. of the cost of the addition.

State Hospital, Morris Plains.

Appealing to public sentiment as well as to the Legislature, the annual report of the managers and the medical director of the State Hospital at Morris Plains contains an earnest protest against the overcrowded condition at the institution. It is charged that the herding together of patients is a serious handicap to the good which might otherwise be accomplished

in caring for the unfortunate wards of the State. Dr. Evans makes a strong argument for segregating the criminal and convict insane patients from other inmates of the State hospitals.

On Christmas Day the inmates enjoyed a most bountiful feast. From relatives and friends the patients received more than 3,000 presents of aggregate value of between $4,000 and $5,000.

An elaborate Christmas dinner was served to the patients. Each patient received a box of candy and fruit from the institution. In the amusement hall there was a gigantic Christmas tree, Santa Claus being impersonated by Dr. Britton D. Evans, the medical director. There was also a vaudeville entertainment, followed by a dance.

New Jersey Sanatorium, Glen Gardner.

The New Jersey Sanatorium for Tuberculous Diseases at Glen Gardner, Hunterdon County, N. J., will admit for treatment patients between the ages of 10 and 55 years, who, for one year prior to their application have been residents of this State, and suffering from Pulmonary Tuberculosis of a curable nature, as certified by our examining physician.

Regular examinations are held at the Newark City Dispensary, Broad street over Centre Market, on Wednesday morning of each week at 10 o'clock; at St. Francis' Hospital, Trenton, Tuesdays, at 1 o'clock; and on presentation of the patient at the offices of Dr. P. H. Markley, 515 Cooper street, Camden, N. J.; Dr. William H. Schmidt, 1309 Pacific avenue, Atlantic City, N. J.; Dr. Peter P. Rafferty, Red Bank, N. J.; Dr. Irving E. Charlesworth, Bridgeton, N. J., and Dr. Irwin H. Hance, Lakewood, N. J., or at the Sanatorium office any day other than Sunday.

Indigent patients, after investigation of their financial status by the Judge of the Court of Common Pleas of their home county, are admitted free, while those financially able contribute $5 weekly towards their maintenance, which is guaranteed by reliable surety.

Any applicant may be examined at any of the above named stations without further inquiry, and following which they will be advised relative to the acceptance, or rejection of their application.

Deaths.

AGNEW.—At Paterson, N. J., December 16, 1913, Dr. Frank E. Agnew, of Paterson, from pneumonia.

Dr. Agnew was born in Paterson in 1863. He attended St. Peter's College in Jersey City were he received his early education, after which he entered the College of Physicians and Surgeons, New York City, from which he graduated in 1885. He then became an interne in St. Joseph's hospital and later became house physician of the same hospital. He was one of the best-known physicians of Paterson; was a member of the staff of the Paterson General hospital and the attending physician at the Isolation hospital. He was a member of the Passaic County Medical Society and of the Medical Society of New Jersey. He was also a member of the Hamilton Club of Paterson. He was a director of the Laurel Grove Cemetery Company and also of the Paterson Sanitary Company. He is survived by his wife and one daughter.

DIEFFENBACH—At Newark, N. J., December 17, 1913, Dr. Richard G. P. Dieffenbach, aged 62 years.

Dr. Dieffenbach was born in Darnstadt, Germany, in 1851, he emigrated to New York with his parents at the age of sixteen. His father, also a physician, established a practice in that city and his son received his later education there. He graduated from the College of Physicians and Surgeons in 1874. He then removed to Newark, where he married a daughter of Dr. Charles W. Hagan. He became one of the foremost physicians of the city, standing high as a surgeon. He was one of the earliest operators for appendicitis. He was a member of the German Hospital staff for many years and a lecturer in its Nurses' Training School. He was a member of the Essex County Medical Society and the Medical Society of New Jersey. He was a man of public spirit and activity in movements for the public good outside of his profession, serving a term in the Common Council. He was vice-president of the West Side Trust Company. He was also a member of the I. O. O. F. He is survived by his wife and one son, Dr. Richard H. Dieffenbach of Newark.

GODFREY—In South Pasadena, Cal., December 17, 1913, Dr. Edmund L. B. Godfrey, formerly of Camden, N. J., aged 63 years.

Dr. Godfrey was born in Tuckahoe, Cape May County, in 1850. He spent the younger days of his life there. After securing a thorough preparatory education he entered the Jefferson Medical College in Philadelphia, from which he graduated in 1876, and settled in Camden, N. J., where he soon secured an excellent practice. In 1877 he became a member of the staff of physicians in the Cooper Hospital when that institution was founded. He served as a member of the staff until 1911, when he resigned because of his absence in California.

Dr. Godfrey was an ex-president of the Camden County Medical Society, ex-president of the Camden City Medical Society, ex-president of the New Jersey State Medical Society, ex-president of the New Jersey State Sanitary Association, ex-president and ex-secretary of the New Jersey State Board of Medical Examiners, a life members of the Camden City Dispensary and was a member of the board of managers of the same institution for the past twenty-five years. He was also a member of the American Medical Association.

Dr. Godfrey was also prominent in military circles in the State. For a period of twenty-nine years he served in the New Jersey National Guard. In 1882 he entered the old Sixth Regiment and was soon made a first lieutenant and assistant surgeon of the regiment. He was gradually advanced to the position of medical inspector of the Guard and became an assistant surgeon-general of the Guard. At his own request he retired from the Guard in February, 1912, with the rank of brigadier-general, given him by Governor Wilson.

Dr. Godfrey gave up his residence in Camden and went to South Pasadena, California, for the benefit of his health about three years ago. He was elected president of the Society of New Jerseymen in California. He was a director of

the First National Bank of South Pasadena, a director of the South Pasadena Savings Bank, and a trustee of the Memorial Baptist Church of South Pasadena. He was also a trustee of the North Baptist Church of Camden, and was formerly a member of Trimble Lodge of Masons of that city. After removing to California he became a member of the South Pasadena Lodge of Masons.

He is survived by his wife, Mrs. Mary Godfrey.

The Camden Daily Courier, in an editorial, December 18th, says:

"News of the death of Dr. E. L. B. Godfrey at his residence in Los Angeles, Cal., yesterday was received this morning, and was quite a shock to the citizens of Camden generally, among whom he had long lived and successfully practiced his profession before failing health compelled him to seek relief in the balmy climate of California. His last illness was of three days' duration, and he succumbed to heart failure. Dr. Godfrey was deeply in love with his profession and was ever foremost among those who contended for elevating the standard of medical practice in New Jersey. He gave generously of his time and labor to the advancement of medical science in every direction that tended to the welfare of the public health, and for fifteen years was a member of the State Board of Medical Examiners, during which time he had earnest and successful controversies with the New York State medical authorities over the question of the standards for admission to practice in both States. In every position he filled, officially or as a practitioner, Dr. Godfrey was earnest, energetic and efficient, and when he retired from practice in Camden it was a matter for serious regret from thousands who had been his patients as well as from his professional brethren."

(See under Camden County Society report that Society's action on Dr. Godfrey's death.)

JOHNSON—At Hightstown, N. J., December 17, 1913, Dr. Joseph P. Johnson, aged 77 years.

Dr. Johnson was born in Chester County, Pa. After a public school education, he taught school for some years; subsequently he entered the Hahneman Medical College, Philadelphia, from which he graduated in 1867. After practicing in Pennsylvania three years he settled in Hightstown, N. J., and continued to practice.

MOLLMAN—At Longport, N. J., December 6, 1913, Dr. Rudolph C. Mollman. He graduated from the medical department of the University of Pennsylvania in 1910.

REED—In New York City, December 27, 1913, Dr. Howard B. Reed, son of Dr. James J. Reed, of Seabright, N. J.

Dr. Reed was born in Seabright, in 1884. He graduated from the Chattle High School, Long Branch and later from Princeton University. After he studied medicine, graduated in 1909 and began practice in Seabright, being associated with his father. He was a member of the Junior Mechanics and Patriotic Order, Sons of America. A widow and one child survive him.

The necessity for early recognition of kidney disease is emphasized by the influence a carefully regulated mode of living, including a well chosen diet, has on prolonging life.

Personal Notes.

Dr. Charles W. Bank, East Orange, who was ill at his home a few days, has recovered and resumed practice.

Dr. Harry F. Bushey, Camden, has entered upon his duties as Coroner of Camden County.

Dr. Fred. M. Corwin, Bayonne, and wife entertained the Half-and-Half Whist Club at their home December 20th.

Dr. David E. English, Summit, received a Christmas present of a sealskin cap from the inmates of the Arthur Home for Blind Babies. He is the Home's physician.

Dr. Hyman I. Goldstein, Camden, has been licensed, after examination of the State Board of Health, as a Health Officer.

Dr. Edward J. Ill, Newark, attended the annual meeting of the Southern Surgical and Gynecological Society at Atlantic City, last month.

Dr. Charles H. Jennings, Merchantsville, who was ill last month has recovered and resumed his practice.

Dr. George H. Sexsmith, Bayonne, in making a night call, stumbled and fell into an ungarded thrench, injuring his right foot.

Dr. John F. Condon, Belleville, recently moved into his new home, Mt. Prospect avenue and Heller Parkway.

Dr. Edward P. Cooper, Parsippany, spent a few days last month at New Berne, N. C., visiting friends.

Dr. Gordon K. Dickinson, Jersey City, attended the meeting of the Southern Surgical and Gynocolgical Society, at Atlanta, Ga., last month.

Dr. John W. Donges, Camden, was recently elected vestryman of St. John's Church for the three year term.

Dr. Samuel B. English, Glen Gardner, and wife are receiving congratulations on the arrival of a daughter—born December 10th.

Dr. Frederick J. Hughes, Plainfield, gave a lecture on "Tuberculosis" before the Woman's League of St. Joseph's Church on December 8th.

Dr. Ralph J. Iszard, Haddonfield, in turning his automobile lost one of the rear wheels, but as the car was going at slow speed no one was hurt.

Dr. Henry W. Kice, Wharton, addressed the Central Home and School Association of Dover on "Eugenics," December 9th, in the high school auditorium.

Dr. Mortimer J. Lampson, Jersey City, has resigned as superintendent of the Jersey City Hospital.

Dr. John W. Martindale, Camden, has resigned from the staff of the Gynecean Hospital, and will devote his time to his private practice.

Dr. Joseph Meigh, Bernardsville, who has been ill, is able to resume his professional work. He and his wife spent a few days last month at Atlantic City.

Dr. Katherine Porter, Orange, has been reelected physician of the Children's Aid and Protective Association of the Oranges, a position she has held during the past ten years.

Dr. Otto Wagner, Elizabeth, who was ill last month is recovering.

Book Reviews.

PROGRESSIVE MEDICINE: A QUARTERLY DIGEST of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleman, M. D. Vol. XV., No 4, December, 1913. Lea & Febiger, Philadelphia and New York.

This volume comes to us as a literary medical feast: Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum. by Edward H. Goodman, M. D.; Diseases of the Kidneys, by John Rose Bradford, M. D., F. R. C. B,, F. R. S.; Genito Urinary Diseases, by Charles W. Bonney, M. D.; Surgery of the Extremities, Shock, Anaesthesia, Infections, Fractures, Dislocations and Tumors, by Joseph C. Bloodgood; Practical Therapeutic Referendum, by H R. M. Landis, M. D.

CASE HISTORIES IN PEDIATRICS; A COLLECTION of Histories of Actual Patients Selected to Illustrate the Diagnosis, Prognosis and Treatment of the Diseases of Infancy and Childhood, with an Introduction on the Normal Development and Physical Examination of Infants and Children, by John Lovett Morse, A. M., M. D., Associate Prof. Pediatrics, Harv. Med. Sch., &c. Second edition, Boston, W. H. Leonard, publisher, 1913.

Two hundred selected cases, classified according to their different diseased conditions, make this a valuable reference book. The presentation of cases in this manner is almost actual to a post graduate course, especially when given under so able a teacher as Prof. Morse It will be a help to any general practitioner. It is well illustrated and in typographical style is a credit to its publisher.

PRACTITIONER'S VISITING LIST FOR 1914. Descriptive circular showing the several styles sent on request. Lea & Febiger, publishers, Philadelphia and New York.

A pocket-sized book containing memoranda, data and ruled blanks for recording every detail of practice. Bound in flexible leather, with flap, pocket, pencil, rubber and calendar.

DISEASES AND DEFORMITIES OF THE FOOT. By John J. Nutt, M., D., Surgeon-in-Chief, New York State Hospital for the Care of Crippled and Deformed Children, etc., New York, E. B. Treat & Company, pp. 293. Illustrated, Price $2.75.

This is a practical volume which will prove helpful to the general practitioner, enabling him to prevent deformities as well as correct many that have already occurred. It has chapters on Pott's paraplegia; infantile paralysis; tubercular and gonorrheal diease affecting the foot, and other painful conditions of the foot. It abounds in illustrations.

Booklets, Pamphlets, Etc., Received.

Digest of Comments on the Pharmacopoeia of the United States of America, and on the National Formulary. By Drs. M. C. Motter and M. E. Wilbert. Bulletin 87 Hygienic Laboratory, Washington, D. C., pp. 683.

Collected papers by the Medical Staff of the New Jersey State Hospital at Trenton. By Henry A. Cotton, M. D., Medical Director. Vol. II, 1912-1913, pp. 276. Illustrated.

Reports of the Chemical Laboratory of the American Medical Association. Vol. 5. By W. A. Puckner, Director.

Tuberculose. B. Behr's Buckhandlung, Medizinische Antiquariat, Berlin.

Diagnostic Hysterotomy. Dr. G. K. Dickinson, Jersey City. Reprint from Amer. Jour. of Obstetrics.

Medical School Inspection and the General Practitioners.. Maria M. Vinton, M. D. Reprint for the Medical Record.

The Ellis Sanatorium, Dr. A. L. Ellis, Metuchen, N. J.

MEDICAL EXAMINING BOARD'S REPORT.

	Examined.	Passed.	Failed
Arizona, October	13	7	6
Colorado, October	10	9	1
Louisiana, October	27	16	11
Missouri, June	160	144	16
Nebraska, August	16	16	0
Nevada, November	10	7	3
Vermont, July,.....	23	23	0

At the July and October meetings of the Ohio State Board twenty candidates were licensed through reciprocity.

In tending medical practicians must now study at least ten years before being licensed in Pennsylvania. Class 1A schools require one year more. This includes: High school course —Four years; average age of graduation, 18 years.. Pre-medical course—One year or more; average age of graduation, 19 years. Medical course—Four years; average age of graduation, 23 years. Service as interne—One year; average age for completing term, 24 years. This standard, sure to include a literary degree within a few years, will spread very soon to all other States.

Colleges Adopt Higher Requirements.

The new announcement of the University of Arkansas, Medical Department, indicates that after January 1, 1914, that school will require for admission one year of collegiate work, including courses in physics, chemistry, biology and German or French, in addition to a standard four-year high-school education. The Medical College of South Carolina also announces the adoption of the same requirement after the beginning of the year. This makes seventy-nine colleges which either already are enforcing the entrance requirement of one or two years of collegiate work, or which, according to their announcements, will do so after January 1, 1914.

First Examination by the Canadian Medical Council.

The first examination conducted under the provisions of the new Canada Medical Practice Act was held at Ottawa, Canada, in October. The results sent us by Dr. R. W. Powell, the Registrar of the Medical Council of Canada, are as follows: Of the 71 candidates examined, 44 passed, 8 were referred back to the council, having failed in not more than two subjects, and 19 (27 per cent.) were rejected. It is un-

derstood that certificates granted by the Medical Council of Canada permit the candidates to practice in any province of their choice without further examination.

Germany's Superior Medical Schools.

In respect to the educational qualifications of its students, in respect to the intelligence and capacity of its teachers, in respect to general laboratory and clinical facilities, every medical school in Germany surpasses, and far surpasses, what any State in America lays down as the minimum requirement, asserts Abraham Flexmer in the Atlantic Monthly. There is, I repeat, no uniformity; but not in all Germany is there a feebly equipped or a feebly manned medical school, or a heterogeneous body of medical students.

How high the minimum standard is in all these respects I will try to make clear by affirming that on the minimum standard on which a medical school can live in Germany, over three-fourths of the medical schools of the United States and Canada would be at once stamped out of existence. Standardization in Germany is therefore a negative policy; it forbids the incapable; it places no restraint upon the development of that which is adjudged fit to live. It does not embarrass the good by pedantic or bureaucratic interference.

True enough, the schools have developed along similar lines, but no minute government regulation requires that this be so. There is no formulated standard that would interfere with the development of variations; and variations of the greatest importance continually crop out and at the very places where variations are most fruitfully significant. But the main point is that the power to forbid the creation of unfit universities and medical departments is real and is strictly applied.—Newark Evening News.

Public Health Items.

Newton's Health Record.

The annual report of Inspector McPeek, submitted December 9th to the Board of Health, showed that during the past year only one death was caused by communicable disease. In this instance death resulted from tuberculosis. Twenty-seven cases of contagious diseases were reported. Thirteen of these were diphtheria, eight typhoid, five tuberculosis, and one measles. There are now in the town, according to the report, two sufferers from contagious diseases. One is a typhoid and the other a diphtheria patient.

Conservation of the Health of Bayonne.

An enthusiastic meeting was held in the High School in Bayonne, December 5th, to form an association to look after the conservation of the public health of the city. Dr. G. H. Sexsmith presided. Dr. Julius Levy, of Newark, head of the infant mortality department of the Board of Health of Newark, which works harmoniously with the Essex County Public Welfare League, of which the doctor spoke. He outlined the work that was done in Newark, and told of how within a few years the organization had grown from an indignation gathering to one of the most beneficial societies of the country.

Dr. M. I. Marshak, city physician, explained the preliminary work that had been done. He then told of the different departments it is proposed to establish, and the work each department was to look after, which is as follows:

Division of Tubercular—Open air classes, clothes, food, clothes for poor tuberculosis patients, food for indigent tubercular patients, if necessary, anti-spitting campaign, handle Red Cross seals; education, schools, newspapers, churches, lectures.

Division on Child Hygiene—Milk stations, milk supply, visiting nurse, educational, mothers' classes, etc., dental clinics.

Division of Research—Get in touch with other cities, investigate local conditions to find out where good work can be done.

Division of General Work—Anti-fly campaign, anti-mosquito campaign, safe and sane Fourth, clean-up week, advocate contagious pavilion, advocate recreation pier, special education, general education on contagion and quarantine, instruction in schools to raise ideal of home living with model rooms, etc.

Dr. Sexsmith and Dr. Corwin spoke of the possiblities that lay before the organization and urged that the best workers in the city be induced to volunteer their services.

Dr. F. M. Corwin was elected president of the Association; Dr. G. H. Sexsmith and M. I. Marshak, vice-presidents.

In one of New Jersey's public schools the principal found three children from one family especially hard to deal with. Two were weak-minded and the other was very backward. One, a girl of fourteen, was still in the primary grade. He investigated during the noon hour one day and found that their lunch consisted of some dry bread and two pitchers of beer.

Dr. Biggs, Chief of Health Department Resigns

After twenty-six years in the service of the City of New York, Dr. Herman M. Biggs, on December 3, resigned his position of chief medical officer of the Department of Health, and his resignation was accepted to take effect on December 31, 1913. Dr. Biggs will devote himself to the duties of chairman of the Public Health Council of New York State, to which he was appointed on the creation of the Council last year. During his long service in the city department, Dr. Biggs has introduced many reforms, and much of the excellent work of the department is credited to him. In his new office he may be expected to do for the State what has already been done for the city.

Dust.

There is no substance on the face of the earth which does not enter into the composition of dust. In the home there are particles of furniture, clothing, foodstuffs, animal and vegetable matter, bacteria, particles of wall-papers, plaster, iron and other metals, carpets, rugs, books and everything in the process of nature's decay contributing its quota of dust. In the street all the foregoing are in evidence

in the dust, also particles of steel and iron from the wearing of wagon-wheels and horseshoes, gold, sand, stone, hair, excreta, clay, minerals of every kind, bacteria, leather skins, plant life, animal life of many kinds—in fact, there is nothing imaginable which does not contribute to the dust of the earth, and many thousands of dust particles may be found in every cubic inch of the air we breath.—Bull. Winnipeg Dept. Health.

Duty of Physicians to Report Diseases.

The physican is engaged in a work which places him in a position of especial and peculiar responsibility to the community, a work which carries with it moral and usually statutory obligations, on the proper fulfillment of which depends to a large degree the ability of the health deparment to perform its functions. The requiring of those desiring to practice to pass an examination and to be duly licensed and registered is a partial recognition of this, and presumably such licenses are given on the assumption that the recipient will comply with the requirements imposed on physicians by law, among which is invariably the duty of reporting cases of certain diseases coming to his knowledge. The physician who does not comply with such statutes not only places himself in the class of those who violate the law, but also shows himself indifferent to his moral obligations as they affect the welfare of the community. It would be well to give more definite recognition to the relationship the physician holds to the health department and to the community. Such recognition would undoubtedly be agreeable to physicians and bring them into closer co-operation with the health authorities in whose jurisdiction they practice. —Trask in Pub. Health Rep.

Autopsies and Public Health.

Closely connected with the problem of correct vital statistics is the question of medical competency. Many death certificates do not give the true cause of death because of the carelessness, neglect or intent of the physician; many, however, and these are numerous, are faulty because of the ignorance of the physician as to the real cause of death. Definite proof in many instances can be furnished only by autopsies. This brings us to a subject in connection with which it is entirely within the facts to say that the advancement of medical science and the promotion of public health are greatly hampered in the United States by the groundless though understandable prejudice of the general public against the extension of the privileges of hospitals in the matter of performing autopsies. This prejudice arises largely from ignorance of the importance of post-mortem examination and from popular confusion of autopsies with anatomic dissections. Unfortunately, there is a continuous effort on the part of the zealous but misguided individuals and organizations to increase this prejudice by misrepresentation of the facts. The great value of autopsies, not only to the medical profession but also to the members of the general public whom that profession serves, is beyond question. If we wish to add to our store of medical knowledge, if we wish to turn out good physicians, if we are to have reliable mortality statistics, there must be more post-mortem examinations in the hospitals.—Corwin and Mayo, in The Outlook.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, November, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending November 10, 1913, was 2,941. By age periods there were 547 deaths of children over one year and under five years, and 926 deaths of persons aged sixty years and over.

The mortality from typhoid fever is slightly less than the preceding month, but still continues high. Pneumonia and diseases of the respiratory system show the usual seasonal increase.

The estimated death rate of the State for the month of November compared with the corresponding period of previous years follows:

Death rate per 1,000—1910, 1.13; 1911, 1.11; 1912, 1.04; 1913, 1.06.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending November 10, 1913, compared with the average for the previous twelve months, the average in each class of diseases being given in parentheses:

Typhoid fever, 40 (25); measles, 10 (16); scarlet fever, 10 (20); whooping cough, 22 (31); diphtheria, 46 (48); malarial fever, 1 (1); tuberculosis of lungs, 264 (302); tuberculosis of other organs, 38 (42); cancer, 197 (171); diseases of nervous system, 306 (328); diseases of circulatory system, 402 (454); diseases of respiratory system, (pneumonia and tuberculosis excepted) 138 (209); pneumonia, 174 (249); infantile diarrhoea, 177 (192); diseases of digestive system, (infantile diarrhoea excepted) 186 (210); Bright's disease, 226 (249); suicide, 42 (34); all other diseases or causes of death, 662 (663); total, 2,941 (3,244.)

Bureau of Contagious Diseases and Sanitary Inspection.

Two thousand and ninety-six cases of communicable diseases were reported to the State Board of Health during the month of October, 1913. The number of cases of each disease was as follows: typhoid fever, 265; diphtheria, 703; scarlet fever, 245; tuberculosis, 631; chicken-pox, 131; poliomyelitis, 16; malaria fever, 92; small-pox, 2; trachoma, 4; and ophthalmia, 7. Typhoid fever being more prevalent in the late summer and early fall, and diphtheria and scarlet fever during the winter months, for the purpose of comparing the increase or decrease in cases or deaths from these diseases, a corresponding period in the preceding year is selected. The total number of cases reported during October, 1913, is 798 in excess of the number reported during the corresponding month in the preceding year or 30 per cent. This increase is mainly the result of more general compliance on the part of physicians with the law requiring the reporting of cases.

Diphtheria: The most notable increase in the number of reported cases from any one disease is in diphtheria, there being 703 cases reported during the month of October, 1913, against 388 last year. That this increase was not entirely due to a closer observance of the reporting law is indicated by the fact that there were but 31 deaths from diphtheria during October, 1912, while 47 deaths were recorded in October, 1913. The increasing use of the Laboratory by physicians as an aid in making diagnosis of suspected cases of diphtheria doubtless accounts in part for the larger number of reported cases.

Typhoid Fever: There was a slight increase in the number of cases of typhoid fever reported throughout the State in October 1913 over the corresponding month in 1912, and a similar increase in the number of deaths from this far too prevalent disease. Scarlet Fever: The two hundred and forty-five cases of scarlet fever reported is but slightly higher than during the month of October, 1912.

Tuberculosis: Six hundred and thirty-one cases of tuberculosis were reported, 50 more than during the month of October, 1912. Chicken-Pox: During October, 1913, there were 131 cases of chicken-pox reported against 75 cases during October, 1912. Malaria Fever: Reports of 92 cases of malaria were received, ten of the twenty-one counties in the State reporting. This is an increase of 50 per cent. over the number of reports received during the same period in 1912. The increase is probably due to physicians complying with the law requiring the reporting of malaria and not to any marked increase of the disease.

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 1,642; tuberculosis, 467; typhoid fever, 250; malaria, 18; miscellaneous specimens, 100; total, 2,477.

Division of Food and Drugs, Laboratory of Hygiene.

During the month ending November 30, 1913, 304 samples of food and drugs were examined in the Laboratory of Hygiene with the following results:

All the following samples were found to be above standard: The 4 of condensed milk; the one each of apple sauce, canned asparagus, chicory, canned clams, potato flour, canned sardines, canned tunny fish, lemon extract, olive oil, smoked sausage, frankfurters, vanilla extract, castor oil, migraine tablets, nerve powder and tincture iodine; the five of canned salmon; the two each of smoked fish, hamburg steak, oleomargarine, pork sausage, canned squash and canned tomatoes.

The following were found to be below standard: 19 of the 189 samples of milk; 2 of the 12 of butter; 1 of the 8 of cream; 5 of the 10 of jamaica ginger; 5 of the 15 of vinegar; the 3 of cough remedies; the 4 of hair tonic; the 4 of toilet water; the 2 each of liniment and lime water; 1 of the 3 of alcohol; 1 of the 8 of headache remedies; the 1 each of cured ham, bay rum, castoria, citronella oil, essence peppermint and witch hazel.

Seventeen samples of oysters were examined from oyster beds; 13 samples of hard clams were examined from clam beds; 220 samples of water from oyster and clam beds were examined.

Twenty-one suits were begun against parties whose samples were found to be below standard.

Bureau of Creameries and Dairies.

During the month 280 inspections were made as follows: 190 dairies; 15 creameries; 6 milk depots; 69 ice cream factories.

Number of dairies scoring above 60 per cent. of the perfect mark, 123; scoring below 60 per cent. of the perfect mark; 54; dairies relinquishing the sale of milk, 13; creameries licenses recommended, 2; ice cream factory licenses recommended, 10.

Fourteen cow stables were disinfected under the supervision of officers of this Bureau. They were located in the following counties: Mercer, 1; Morris, 4; Somerset, 1; Sussex, 7; Warren, 1.

Nine dairymen were notified to improve their methods in handling milk within a specified time. These dairies supply milk to the following municipalities: Long Branch, Paterson, Pompton and Trenton. During the month of November the production and sale of milk was prohibited on three dairies, the milk from which was sold in Newton, Long Branch and Trenton. Part of the force of the department were engaged in making a reinspection of the dairies supplying Trenton and Atlantic City with milk. Only one general inspection of the entire supply of these municipalities has ever been made, and the reports of the reinspections so far received show a very marked improvement in the sanitary condition of the premises on which this milk is produced. It will be necessary to visit over 1,200 farms in order to complete this investigation. The proprietor of one ice cream factory in Mercer County was given the alternative of placing his factory in a more sanitary condition within a specified time or of relinquishing the business.

During the month ending November 30, 1913, 137 inspections were made in 54 cities and towns, the largest number in any given towns having been as follows: Newark, 17; Jersey City, 16; Camden, 10; Atlantic City, 9; Hoboken, 7; Bivalve, 6; Hackensack and Trenton, each 5; Elizabeth and Perth Amboy, each 4; Anglesea, Garfield and Passaic, each 3 and the rest two or one each.

The following articles were examined during the month but no samples were taken: Milk, 444; butter, 314; food, 879, drugs, 244.

Other inspections were made as follows: Milk wagons, 189; milk depots, 21; grocery stores, 300; drug stores, 18; confectionery stores, 3; meat markets, 68; cold storage plants, 19; butter stores, 13; vinegar factories, 2; bakeries, 1; restaurants, 4; pork packing establishment, 1; canning factories, 1; barber supply investigations, 36.

Meat inspection: Calves, 34; hogs, 17; cattle, 2; turkeys, 306; ducks, 100; chickens, 200.

Bureau of Food, Drugs, Water and Sewerage.

Samples analyzed in the Water Laboratory, 202, as follows: Public water supplies, 132; special public water supplies, 1; State Institution water supplies, 18; private water supplies, 31; bottled waters, 1; dairy water supplies, 1; miscellaneous waters, 1; miscellaneous samples, 2; sewage samples, 15.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Asbury Park (Monmouth County Water Company), Blackwood, Bridgeton, 2; Elizabeth, Hawthorne, Long Branch, Madison, Millville (Millville Water Company), Mount Holly, Newark, New Brunswick, Plainfield, Rahway (Rahway Water Department) 2; Raritan, 2; Roebling, Skillman (State Village for Epileptics) 2; Trenton (State Home for Girls), Woodbury, 2. Inspections made on the Hackensack watershed, May's Landing watershed, Mount Holly watershed, Woodbury watershed.

Sewage disposal plants and sewerage systems inspected at Atlantic City, Belmar, Bordentown, 2; Brigeton, 2; Brown's Mills, Burlington, Burlington (Thomas Devlin Manufacturing Company), Camden, 2; Chatham-Madison, 2; Collingswood, Flemington, Fort Lee, Glen Gardner (New Jersey Sanatorium for Tuberculosis Diseases), Haddonfield, 2; Haddon Heights, Helmetta, Hightstown, Keyport, 2; Lakehurst, Margate City, Merchantville, 2; Millville, 2; Moorestown, 3; Mullica Hill, New Brunswick, New Lisbon (Burlington County Asylum for the Insane), Ocean City, Pemberton, Perth Amboy, 2; Plainfield, Princeton, 2; Rahway (New Jersey State Reformatory), Red Bank, 2; Ridgewood, 2; Riverside, 3; Roosevelt, Smithville (H. B. Smith Machine Company), South Amboy, Trenton (I. O. O. F. Home) 2; Ventnor City, Vineland, Washington, Wildwood Crest, Woodstown.

Waste investigations made at Maywood, New Brunswick, Powerville, Trenton (Agasote Millboard Company) 5.

Stream inspections on the Delaware River and tributaries, Great Egg Harbor River, Hackensack River and tributaries, Rahway River and tributaries, Raritan River and tributaries.

Number of stream pollutions reported.....	69
Reinspections of stream pollutions made....	68
Stream pollutions found abated	33
Cases referred to the Attorney-General.....	4
Notices to cease pollution issued.....	5
Plans for sewage disposal plants, sewerage systems and extensions approved.....	41
Plans for water supply systems approved..	4

NEW AND NON-OFFICIAL REMEDIES.

Since November 1, the following articles have been accepted by the A. M. A. Council on Pharmacy and Chemistry for inclusion with New and Non-Official Remedies:

Abbott Alkaloidal Co.: Digipoten;
Digipoten Tablets;
Slee's Tetanus Antitoxin,
Slee's Antimeningitis Serum,
Slee's Antistreptococcic Serum,
Slee's Normal Horse Serum.
P. Astier: Arheol.
Fairchild Bros. & Foster: Fairchild Culture of the Bacillus Bulgaricus.
Greeley Laboratories: Bordet-Gengou Bacillus Vaccine for Whooping Cough Therapy.
Bordet-Gengou Bacillus Vaccine for Whooping Cough Prophylaxis.

Since publication of New and Non-Official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies.'

Agglutinating Sera for Diagnostic Purposes—These are the sera of animals (horses) immunized against various bacteria. For use a solution is added to a suspension of the bacterium to be tested, and after incubation for a certain period the mixture is examined.

Agglutinating Serum for the Identification of Bacillus Paratyphosus A.—Intended for use by the macroscopic method. H. K. Mulford, Co., Philadelphia.

Agglutinating Serunm for the Identification of BacillusParatyphosus B.—Intended for use by the macroscopic method. H. K. Mulford, Co., Philadelphia.

Agglutinating Serum for the Identification of Bacillus Typhosus.—Intended for use by the macroscopic method. H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., November 1, 1913, p. 1630.)

Arheol.—Arheol is santalol, the chief constituent of sandalwood. Its action is the same as that of sandalwood oil, but it is claimed not to cause disturbance of the stomach or the kidneys. Arheol is marketed only in the form of Arheol Capsules, O. 2 gm. Alexandre Astier, Paris, France (Jour. A. M. A., November 22, 1913, p. 1900.)

Silk Peptone "Hoechst."—Peptone made from silk and standardized to a uniform rotatory power. It is used for the detection of peptolytic ferments, either by changes in optical activity or by the precipitation of tyrosin produced by its digestion. Farbwerke Hoechst Co., New York (Jour. A. M. A., November 15, 1913, p. 1811.)

Also the following—all from the Abbott Alkaloidal Co., Chicago:

Antistreptococcic Vaccine (Scarlatina Prophylactic.)—For description of Streptococcus Vaccine see N. N. R., 1913, p. 226.

Strepto-Bacterin (Scarlatina Bacterin) Polyvalent.— For description of Streptococcus Vaccine see N. N. R., 1913, p. 226.

Acne-Bacterin Polyvalent.—For description of Acne Vaccine see N. N. R., 1913, p. 221.

Coli-Bacterin Polyvalent.—For description of Bacillus Coli Vaccine see N. N. R., 1913, p. 221.

Friedlander Bacterin Polyvalent.—For description of Friedlaer [illegible] R., 1913, p. 222.

Gonococcus-Bacterin Polyvalent.—For description of Gonococcus Vaccine see N. N. R., 1913, p. 223.

Pneumo-Bacterin Polyvalent.—For description of Pneumococcus Vaccine see N. N. R., 1913, p. 224.

Staphylo-Acne-Bacterin Polyvalent.— For description of mixed vaccines see N. N. R., 1913, p. 224.

Staphylo-Albus-Bacterin Polyvalent.—

Staphylo-Aureus-Bacterin Polyvalent.—

Staphylo-Bacterins (Human) Albus-Aureus-Citreus.—For description of Staphylococcus Vaccines see N. N. R., 1913, p. 225.

Strepto-Bacterin (Scarlatina Bacterin) Polyvalent.—

Antistreptococcic Vaccine (Scarlatina Prophylactic.)—

Strepto-Bacterin (Human) Polyvalent.—For description of Streptococcus Vaccines see N. N. R., 1913, p. 226.

Typho-Bacterin Polyvalent.—

Typhoid Prophylactic.—For description of Typhoid Vaccine see N. N. R., 1913, p. 227.

Facetious Items.

Inquisitive Student in Anatomy Class Asks:

(From Virginia Med. Semi-Monthly.)

Where can a man buy a cap for his knee?
Or a key for a lock of his hair?
Can his eyes be called an academy,
Because there are pupils there?

In the crown of his head what gems are set?
Who travels the bridge of his nose?
Can he use when shingling the roof of his mouth,
The nails on the end of his toes?

What does he gain from slip of his tongue?
Who plays on the drums of his ears?
And who can tell the cut and style
Of the coat his stomach wears?

Can the crook of his elbow be sent to jail?
And if so, what did it do?
How does it sharpen his shoulder-blades?
I'll be hanged if I know—do you?
—Pedic Items.

First Guest (at reception)—Have you a speaking acquaintance with that lady in black?

Second Guest—No; I have a listening acquaintance with her. She has a speaking acquaintance with me.

First Guest—I don't understand.

Second Guest—She's my wife.

Register of Deaths (over the telephone)—"Say, doctor, I'll have to report you as a murderer."

Dr. Slippen—"What's that you say?"

R. of D.—"I hate to do it, but I'll have to report you to the police for murder."

Dr. Slippen—"What do you mean? What have I done?"

R. of D.—"Why, in the certificate of death you filled out for John Doe, you have given yourself—signed your name—as the 'Cause of Death.'"

When in Doubt—Operate.

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OBSTRUCTIVE CONDITIONS OF THE GASTRO-INTESTINAL TRACT.*

By Frank D. Gray, M. D.,
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Surgeon to the City and Christ Hospitals, Jersey City; Con ulting Surgeon to North Hudson Hospital, Jersey City.

These may, for practical purposes, be classed as acute and chronic—the former comprising the various pathologies commonly known as intestinal obstruction and the latter grouping themselves under the more recently coined term of intestinal, or to be more comprehensive, gastro-intestinal stasis.

Acute intestinal obstruction is a rapidly fatal condition if not promptly relieved. Stasis, while obstructive in character, does not, as a rule amount to actual obstruction, and instead of immediately endangering life, conduces to many secondary pathologic conditions and is disabling in character.

Acute intestinal obstruction is tragic and calls for immediate and strenuous action on the part of the life saving corps. Stasis inhibits good health, clogs the machinery of life, in a gradual fashion, and permits of a more deliberate and cautiously planned campaign against its insidious encroachments.

Both are fairly common occurrences and few members of our profession escape, for long, having to face the problems raised by one or the other—or both. That they are too frequently overlooked until, in the one instance, life is sacrificed, or in the other, chronic invalidism is established, is a deplorable fact.

Time will not permit of a proper consideration of both conditions on this occasion, consequently I will confine my remarks to acute intestinal obstruction, which, moreover, is of unusual interest to me just now, for the reason that on account of one of those peculiar laws of chance, I have recently had to deal with a rather larger series of such cases than I think the individual usually meets—amounting to 28 in about three years.

Bloodgood made the statement at the 1912 session of the New Jersey State Society that, in Johns Hopkins Hospital, they had had 300 cases of intestinal obstruction in the previous twenty years with a mortality rate of from 40% to 100%, in different years. This can only mean that they received a majority of the cases too late, for it goes without saying that the surgical skill in that institution was capable of much better results if it had had a proper chance. I believe it is no exaggeration to state that the results in other institutions and among individual surgeons who have seen much of this condition, more or less approximate those just quoted. If such be the case, and if better results are possible, an evening directed to the consideration of this subject cannot be wasted. I shall especially hope to draw forth a discussion which will be more profitable than anything the paper may contain; moreover if any apology is needed for the fact that much I shall present is based on personal experience, it is that it leads away from the routine groove of text books and the personal viewpoint always tends to a desirable discussion.

Acute intestinal obstruction possesses a wide etiology, in which strangulated external and internal herniae, adventitious bands of adhesion (usually post operative) volvulus, kinks, intussusception, abdominal tumors, impacted feces and other foreign

*Read before the Bergen County Medical Society, December 9th, 1913.

bodies within the intestinal lumen as well as certain immediate post-operative complications may be factors. Undoubtedly strangulated herniae and bands of adhesion are the most frequent causes; and symptoms of acute obstruction should always lead to a prompt examination of all possible sites of herniae and also a search for evidence of any previous intra-abdominal operations. It is by no means necessary that an evident hernia should exist as I have had two cases where a very small knuckle—too small to be detected externally—was caught and pinched at the internal inguinal ring, producing an acute obstruction. In each of these instances the patient had worn a truss for years but had abandoned it on the presumption that the hernia was cured, as indeed it seemed to be—no perceptible hernial tumor existing.

Furthermore, in respect to a possible hernia, no statement of the patient should be relied on, as both I and my house staff were misled, in one instance, by a fairly intelligent young man of 20, who assured us he never was ruptured, and yet when he was on the table and we were about to begin an explorative laparotomy to find and relieve the cause of obstruction we discovered an unmistakable lump the size of an English walnut in his right groin, which proved to be a strangulated inguinal hernia. Subsequent to operation the patient admitted that he had known of this lump for several years, but had been assured by a physician that it was an enlarged gland. The point to be emphasized is that the various hernial sites must be actually inspected.

Post operative adhesions may cause obstruction at periods varying from a few days to several years after operation. In the late cases there is usually a history of gradually increasing constipation or intermittent digestive disturbances with pain, but the attack may on the other hand sometimes come, as it were, out of a clear sky. One attack of acute obstruction was observed by me two days after an appendectomy, in which there was at the time of operation a considerable degree of peritonitis with intestinal distension. In this case the secondary pathology was an acute angulation of a coil of ileum with just sufficient fresh adhesions to maintain the sharp angle. A secondary operation relieved the condition and although there was even more distension at this time and much difficulty in returning the intestines, there was no subsequent obstruction.

One can but wonder that obstruction from acute angulation does not more frequently follow operations in which distended intestines are returned with difficulty—for all one can do is to get them back as well as possible and trust to good fortune.

In like manner no very safe prediction can be made as to the possibility or impossibility of obstruction from adhesions following any particular operation. It may *not* happen after septic cases in which more or less adhesions must, in the nature of the case, occur, and on the other hand it *does* take place as a result of clean operations with uncomplicated recovery. The point to be remembered is that practically all intra-abdominal procedures are potential causes of obstruction sooner or later, and in the presence of suspicious symptoms of obstruction the evidence of a former laparotomy materially adds to the probability of such a condition.

Intestinal malignancies, while of rather frequent occurrence, are, in perhaps the majority of cases, discovered before they result in absolute intestinal obstruction, yet a not inconsiderable percentage of acute obstructive cases are due to this condition.

The frequency of volvuli and intussusception as etiologic factors is probably about in the order of their mention, although in the writer's recent series there were three cases of the latter to one of the former. Two of these intussusceptions were in young infants, where the condition is most likely occur, but one was in a woman of 43, and required resection of six feet of necrotic ileum.

The etiologic factor of immediate post-operative complications includes of course accidental kinks or angulations, such as are produced by forcible replacement of more or less distended intestines, but more particularly the condition of ileus, or paralysis of the intestinal walls, which is to all intents an intestinal obstruction—although unfortunately not as susceptible to treatment as those of a strictly mechanical or organic type.

Bloodgood calls attention to a special form of ileus, which he styles "gastromesenteric ileus." It consists in acute dilatation of the stomach and duodeum and has all the symptomatology of acute intestinal obstruction. It occurs in convalescence from acute infectious diseases as well as in some post-operative conditions.

A similar condition is an acute dilatation of the duodenum alone and is met with in rare cases following gastrectomy with

gastroenterostomy of some sort. The gastric end of the duodenum being closed, if any obstruction takes place at the site of the gastroenterostomy, duodenal contents cannot pass into either the stomach or jejunum. In addition to the usual symptoms of intestinal obstruction there are severe tachycardia and anuria.

The other etiologies, such as vascular emboli or thromi extra intestinal abdominal tumors, impacted feces and other intestinal foreign bodies occur in no especial order of frequency.

The dependable symptoms of acute intestinal obstruction are obstipation, vomiting and abdominal distension or tympanites; and to these may be added pain and tenderness sometimes localized and again general. As a rule there is nothing characteristic in the pulse, respiration or temperature in the early stage. In advanced cases the pulse is feeble and thready, the temperature is likely to be sub-normal and respirations embarrassed by abdominal distension. Pain is perhaps the earliest of all symptoms, is colicky in character and its point of origin or of greatest intensity may sometimes be relied on to indicate the site of obstruction. Disappearance of pain in late stages is an unfavorable sign and usually indicates complete paralysis or even gangrene of the intestine.

The vomiting is usually profuse and persistent and while at first it is only of stomach contents and without special odor, it soon, if the obstruction is unrelieved, and unless it is very high up in the intestinal canal, becomes offensive and stercoraceous in character; yet in one case of my series there was but little vomiting and that of an ordinary type; in spite of occlusion well down in the ileum, while in another there was absolutely no vomiting although there had been complete obstipation for three days and operation revealed complete carcinomatous obstruction in the lower sigmoid. In two other cases of this type the vomiting had only amounted to rejection of the medicine once or twice, although obstruction had existed for several days. The distal location of the pathology probably accounted for the absence of vomiting.

Obstipation no doubt exists in all cases, with the occasional exception of intussusception and some intestinal tumors in which there may be diarrhoea of a bloody mucus type, but the fact that frequently a considerable fecal material may be washed out of the lower bowel by enemeta, where the obstruction is not too low down, sometimes causes failure to recognize the obstipation.

Distension, of some degree, is nearly always present but in the early stages it may be hardly noticeable. The type of distension is important; sometimes, for instance, it is of the so-called "mapped out" variety, showing the outlines of one or more coils of intestines, in which case the distension may be said to be "pathognomonic." Here too, it is often possible to feel, on careful palpation, in early stages and in a thin walled abdomen, the exaggerated local peristaltic movements of the distended bowel. In other cases where local peristalsis can neither be felt nor seen it may be traced by auscultation with the stethoscope. Two cases of obstruction in the sigmoid showed practically no distension after obstruction of several days duration.

The distension may be chiefly epigastric, as in gastromesenteric ileus, indicating an obstruction in the duodenum or beginning jejunum; it may again be confined more to one side than the other, pointing to a unilateral cause of obstruction; or finally it may be general and symmetrical, indicating usually an obstruction low down in the large intestine. Extreme distension naturally is indicative of a late stage.

Pain and tenderness are variable factors —the former usually more noticeable in the early stages, it being practically a colic, which disappears after prolonged distension has resulted in paresis of the gut and consequent loss of peristalsis. Tenderness is most likely to be present in late stages, when peritonitis is possibly present. When present in earlier stages it is due to extreme distension of the gut.

The diagnosis of acute intestinal obstruction depends on a proper recognition and interpretation of the salient symptoms, coupled with the discovery of some one or more of the causative elements—if such are in evidence. In the presence of abdominal pain, persistent vomiting, some degree of distension and obstipation, careful search should be made of all possible hernial sites and for cicatrices indicating a previous intra-abdominal operation; also for abdominal growths or the sausage shaped tumor of an intussusception.

A rectal examination should never be omitted in an otherwise obscure case, as an obstructing cancerous or syphilitic stricture or the lower end of an intussusception may there be detected—or, on the other hand, a mass of impacted feces may be discovered. An unfortunate occurrence in the practice of a colleague recently illustrated the im-

portance of this last precaution. A coeliotomy was performed for the relief of an apparent case of intestinal obstruction. All that was discovered by the operation was a doughy mass within the rectum. The abdominal incision was closed and a fecal impaction was then removed per rectum. A preliminary rectal examination in this case would have prevented an unnecessary laparotomy.

While it is desirable, if possible, to determine the exact or probable pathology causing the obstruction, for the reason that such knowledge may determine the best location of an operative approach—or in case of a strangulated hernia may obviate the necessity of a typical laparotomy by substituting a simple herniotomy—yet one must not insist on such information, for in many cases it is not obtainable and the diagnosis must rest on the salient symptoms alone.

Neither must one insist on the presence of all of these so-called dependable symptoms in any given case. Obstipation and abdominal distension without stercoraceous vomit or even in the absence of any vomiting must occasionally decide the diagnosis if one would not subject his patient to fatal risk. I have to regret a delayed diagnosis in just such a case. There was obstipation and a moderate degree of distension, but no vomiting. The patient—a young woman—had a scar of a lower median incision, through which I was informed that the right ovary and her appendix had been removed four years previously, since which she had had occasional attacks of what was termed "indigestion," from which it was said that this attack did not greatly differ, except in degree. It was late in the evening when I first saw her and as her condition was apparently good I decided, on account of the absence of vomiting, to wait till morning for a positive diagnosis. By that time, however, the picture had entirely changed, vomiting had occurred twice and there was marked evidence of collapse. The patient was hurried to the hospital and operated on at once, a band of post operative adhesions, including a loop of ileum being found and quickly relieved, but the collapse which had begun before operation rapidly deepened afterward and death supervened within a few hours. I have no doubt that a proper diagnosis and operation the previous evening would have saved this life; and it is not a pleasant reflection that, even when we think we have used our best judgment, we have erred on the side of over-conservatism and allowed the golden opportunity for saving life to slip away.

Coming now to the question of treatment, I trust that I am not too radical when I say that I believe it should practically always be surgical as soon as a satisfactory, or even a *strongly suspicious* diagnosis is made. Delay with dependence on medical or semi-surgical measures can only, in my opinion, account for the frightful mortality which has usually accompanied this condition; delay on the part of the general practitioner in passing the case to a surgeon, are the fruitful causes of disaster; while it is probably true that the writer is not the only surgeon who has to regret some occasion where he delayed instituting prompt surgical treatment.

Strohmeyer's axiom, "If you find a strangulated hernia at night it should be relieved before runrise, if during the day it should be relieved before sunset," applies with equal force to all forms of intestinal obstruction. One never knows what changes in the vitality of intestine may result from even a few hours' delay, making necessary a resection where one would not have been needed; or, on the other hand, inducing a toxaemia, collapse or shock from which the patient can not rally. These things only can explain such statistics as have already been quoted —and which might be duplicated from numerous other sources.

In my own series of 28 cases there were 10 deaths, including 2 which were not operated—one of these a neglected case of strangulated inguinal hernia which died a half hour after admission to my hospital service, and the other a carcinoma of the rectum with very evident metastasis in the liver and so profoundly toxic that operation even for temporary relief was deemed out of the question.

The mortality rate for all cases seen was 35.7% and for the cases operated 28.5%.

All of the fatal cases were late ones—obstructon having existed for three or more days. In four peritonitis was already present and one was in a state of collapse when operated. None of them presented any greater technical difficulties than some of those that recovered—so I am forced to the conclusion that delay was the chief element in the mortality. I would not say that it was the *sole* element, for in two of the fatal cases I believe that a technical error (to which I shall later refer) was made in the operation—but even these two were so handicapped by the presence of peritonitis—due

to delay—that I question if they could have recovered had the technic been perfect.

When seen and diagnosed early—before the system has been drained of fluids by profuse vomiting, before extreme toxaemia or shock has developed, and before profound changes in the intestinal canal make necessary resection or other severe operative procedures, the mortality of acute intestinal obstruction should not be greater than that of ordinary herniotomy, or laparotomy for such conditions as appendicitis or salpingitis, and I am satisfied that could I have operated my ten fatal cases when they were in as good condition as were the others the mortality would have been reduced from 35% to the neighborhood of 10%, at most.

I have a firm conviction that in the presence of a strongly suspicious and yet not certain case of acute intestinal obstruction, it is better to do an explorative operation than to wait for the establishment of a positive diagnosis—in other words, that it is better to occasionally open an abdomen unnecessarily under strict aseptic precaution than to let one patient die through waiting for an absolutely certain diagnosis.

In advocating early operation for this condition I would not be understood as condemning all resort to such procedures as enemas and lavage in *early* cases—or even the initial use of a cathartic, such, for instance, as castor oil, always remembering that one must be prepared to resort to surgical measures if conservative attempts are not promptly successful. In fact, at the very onset of an attack one *must* use these measures before he has a right to consider the case even strongly suspicious of obstruction. If the condition is not a fixed mechanical obstruction, but only a twisted or angulated gut without adhesion, these methods may be promptly efficacious, but one has only to see the character of most of the organic mechanical barriers found on operating to realize the futility of less radical measures, and one must not forget that even a few hours wasted in fruitless dependence on cathartics and enemas may result in hopeless damage to intestinal walls, to collapse or to an unconquerable toxaemia from absorption of the dammed up intestinal contents with their rapidly accumulating toxines.

While it is justifiable in an early case to resort to one or more high enemeta, or what I regard as equally if not more effective, an enema of a pint each of milk and molasses (a favorite method of the late Dr. Senn), the prolonged use of such a procedure is a waste of valuable time; moreover one must guard against interpreting the washing out of some fecal matter from the lower bowel as a satisfactory bowel movement, which would negative an obstruction.

Even in late cases, lavage is advisable as a preliminary to operation as it unloads the stomach and by so much relieves intra-abdominal tension, placing the patient, at any rate, in a better condition for the anesthetic. Lavage should always be the first resort in any case suggestive of "gastromesenteric ileus," but if prompt relief is not obtained after a brief trial of this procedure, it indicates that in addition to ileus, with distension and paresis of the duodenum, there is an actual mechanical obstruction, and operative interference should at once be instituted.

Both lavage and enemas, once or twice repeated, are undoubtedly useful helps to diagnosis, but if vomiting persists after one or two washings of the stomach, and if obstipation continues after a second or third enema, no time should be lost in entering the abdomen. Cathartics in any stage but that of the onset should be absolutely prohibited. After that they not only needlessly aggravate the symptoms, but may cause fatal rupture of a weakened bowel.

Hartwell, in a paper read at the 1912 annual meeting of the A. M. A., seemed to prove that death from acute intestinal obstruction was largely due to loss of body fluids resulting from the persistent vomiting, and while I am sure that some cases are fatal in which there has been little or no vomiting, yet we should no doubt learn a lesson from Hartwell's experiments and combat fluid loss, as far as possible, by intravenous saline transfusion both before and after operation, as well as by the use of the Murphy drip method.

When it is possible, as it occasionally is, to locate, before operation, the site of obstruction, some time may be saved by placing the incision favorably for access to the pathology. When in doubt, however, a median incision, sufficiently large for convenient access and manipulation, should be made and, while operative speed in these cases is desirable, one should never stop short of satisfying himself that he had found the *actual seat of obstruction*—and where there are multiple lesions, as by adhesions, *the lowest one*—in other words, a point where there is distended bowel above and collapsed gut below. In one case I

came near making a serious mistake by assuming that an adhesive band a foot or more above the end of the ileum, causing a considerable constriction, was the entire trouble, but fortunately I discovered a moment later that the cecum was not filling as it should after this constriction was removed, and then found on further examination that there was another and still more pronounced constriction about an inch above the ileocecal valve, which when relieved allowed the large intestine to fill at once. That the actual obstruction is sometimes overlooked at operations was impressed on me a few months ago upon seeing a case in consultation with a colleague, who had operated it two days before and had divided some constricting bands about the cecum. All the symptoms of obstruction, however, persisted and the patient died a few hours after I saw him. Autopsy showed an unrelieved constriction at the hepatic flexure.

I have alluded to certain errors of technic in two of my fatal cases, and as I believe more is sometimes learned from failures than from successes, though unfortunately they are not as frequently reported, I will explain what they were. Both had to do with resection of intestine—one for a necrotic loop due to strangulation and one a malignant growth in the lower sigmoid. In the former I made what seemed like a satisfactory end to end anastamosis by a modified Maunsell method—which I regard as ideal for that procedure. Three days later the patient died and autopsy showed peritonitis—several inches of gut proximal to the anastamosis softened and semi-necrotic, with a leakage at the joint due to cutting of several sutures through the macerated intestinal wall. My error was in not making a wider resection on the proximal side of the pathology. I had gone a couple of inches away from what appeared to be gangrenous intestine, whereas I should have gone a foot or more. There is no doubt that the distension—and possible vascular thrombosis of the bowel proximal to the point of strangulation, make it unsafe material for anasamosis for some distance.

I am by no means sure that this patient would have recovered under any circumstances, as she had a considerable degree of peritonitis at time of operation, but I do know that I did not give her the best chance she could have had.

The second case also had leakage at the line of anastamosis—but from a different cause—viz., a method of anastamosis which while suitable for many cases, was not adapted to this particular one. It chanced that I had invited a colleague who has devised a very clever method of end to end anastamosis, by means of a short section of rubber tube, carrying a number of catgut loops—the tube supporting the approximated intestinal ends from within and a continuous mattress suture passing under the projecting catgut loops—I say that I had invited this surgeon to demonstrate his method on the case in question, and he effected an end to end anastamosis after I had excised a lower sigmoid carcinoma. The patient succumbed in four days, and again autopsy showed leakage and peritonitis—though it is only fair to say that a considerable local peritonitis existed at operation, owing to ulceration or breaking down of the growth. The leakage, however, was due to the method of anastamosis which was not suitable to the joining of ends of large intestine that varied greatly in calibre. The proximal end was considerably larger than the distal, and the only effective means of making one end exactly fit the other is, in my opinion, the introduction of a considerable number of stitches, placed so that a somewhat larger bite is taken on the big end than the small one, as I have demonstrated in other cases can easily be done by a modified Maunsell technic.

In operating on intestinal obstruction one may in any case be required to resect and make an anastamosis and he should either be familiar with some one technic that, if possible, will be adapted to all cases, or else be prepared with several methods so that he may select the one most suitable to that particular case.

Personally I believe that a modified Maunsell, using a continuous, interlocked suture, instead of interrupted sutures, is the best for end to end anastamosis and it is perhaps worth while to remark in this connection that closure of the open ends with side to side anastamosis is not well adapted to resection for intestinal obstruction, inasmuch as there is not as prompt an establishment of the fecal current after that procedure, as after end to end junction—and prompt relief is needed in these cases.

As a final word on the technic of these operations, I would call attention to the necessity in not a few cases of intestinal obstruction, of adding to whatever proceeding may be necessary for relief of the barrier, the operation of enterostomy, for the purpose of giving immediate exit to the con-

tents of an enormously overloaded and distended bowel. This procedure not only relieves the strain on the distended walls and favors the recovery of their tone, but also does much to prevent a continuing toxaemia at a time when it takes but little to turn the scale against the overtaxed system.

Enterostomy may be accomplished in several ways. First, when a considerable length of distended bowel has been eventrated in the search for a point of obstruction, and there will obviously be much difficulty in returning the coils within the abdominal cavity (accompanied, necessarily, by a considerable traumatism of intestinal walls) it is good practice to, at once, make a linear incision sufficient to give free exit of fecal contents, choosing a loop in the distal part of the distended portion, and one which will hang well over the side of the incision, to prevent soiling of the other loops —catching the fecal discharge in a basin.

Inasmuch as in these cases the muscular tone of the bowel wall is very poor, it may be necessary to milk or strip the contents toward the opening. Carefully performed, this procedure incurs but little risk from infection and adds little or no more time to the operation than an attempt to replace distended intestines within the abdomen, while the relief of tension on the intestines and the disposal of a large amount of toxic material is a distinct help toward convalescence. The closure of the enterostomy opening, which should be placed on the convex border of the bowel, is a simple and quick matter. The post operative administration hypodermically of eserine, and perhaps of hormonal, is advisable.

In cases where obstruction has been due to a malignancy or other tumor of the large gut—particularly in its lower portion, where the feces are more solid, and if the obstruction has been complete or nearly so for more than two or three days, the enterostomy should take the shape of a so-called two-stage operation—bringing the tumor mass up through the incision and securing it there —making the enterostomy immediately if the symptoms are extremely urgent or waiting a few hours for adhesions to form if practicable. Later the tumor may be excised extra peritoneally and the resultant artificial anus dealt with as circumstances indicate.

The important point is that when obstruction, for instance in the descending colon or sigmoid, has existed long enough to permit accumulation of hardened feces proximal to it, an immediate resection and anastamosis is pretty sure to result badly—sutures are very likely to tear out and leakage to occur. It is only when the obstruction has been of short duration and palpation of the colon shows the contents to be comparatively fluid that immediate anastamosis may safely be done.

Naturally when the operation can be done in one—instead of two stages—and the annoyance of either a temporary or permanent artificial anus avoided, it is much preferable. That such is occasionally possible is proven by two cases in my series where a carcinoma of the sigmoid was resected and immediate end to end anastamosis done; the patients' bowels moving before leaving the operating table and at least 20 times within the next 24 hours, while one went home from the hospital in 13 days and the other in 11 days, completely recovered.

In these cases, however, obstruction had existed for only 3 days, and the colonic contents were quite soft.

The fact is that the decision as to whether to perform such operations on the lower part of the large bowel in one or two stages requires the exercise of one's very best judgment, and when in doubt it is probably wiser to resort to the two-stage plan.

In conclusion, let me repeat and emphasize that success in the management of acute intestinal obstruction depends on early recognition of the condition and prompt institution of operative treatment (even in cases only strongly suspicious), coupled with thorough and well-adapted technic.

RELATION OF VACCINES AND SERUMS TO THE GENERAL PUBLIC HEALTH.*

By Herbert D. Pease, M. D.
New York City.

The topic assigned to me embraces some of the most subtle and elusive problems in preventive and therapeutic medicine. A careful consideration of it leads one to the belief that almost all of the great biological principles are involved. These may be grouped, however, under two headings: immunity and parasitism. But neither of these fields has any well recognized limits, and in any elaboration of research in them, one finds himself going far afield into still

*Read at the annual meeting of the N. J. Sanitary Association, at Lakewood, Dec. 5, 1913.

greater problems of biology, such as laws of inheritance, species characteristics, mutation of species, and upon the side of the infected host we find almost all the great problems of biology and pathology.

Time will not permit us to go far in the discussion of the principles of these most attractive subjects, and yet one rebels against a mere recital of facts which are known together with those partially, and others wholly unknown. Therefore, even at the risk of being considered too philosophical, and perhaps even impractical, let us indulge in some deviation from the simple recitation of the results of practical experiences.

We must ever keep in mind, in considering the value to be derived from the use of vaccines and antitoxins, that we have to deal in each case with at least two forms of life. We will do well to keep constantly and intently before us that each of these living agencies possesses more or less limited biological characteristics which are in large part peculiar to its own kind, and are even at times exceedingly individual in character. Expressing this idea more concretely, we say that a human being possesses degrees of susceptibility and immunity to the microscopic invaders, while we say that the attacking microbic army possesses saprophytic, parasitic or pathogenic properties, according as we merely live happily in their company, simply tolerate their society, or actually succumb, in varying degrees, to their attacks upon us.

In obtaining a proper perspective of any subject, it is always well to review its history. Early records show an emphasis laid upon the specificity of types of infectious diseases. Thus tuberculosis and other diseases involving glandular enlargements were originally grouped together and diagnosed and treated very similarly. This period was followed by a keener recognition of the identities of specific diseases, which was still further emphasized when the causative agents were discovered, and this in turn was followed by the general acceptance of the existence of varying grades of pathogenicity in each disease, until we now have reached a point of recognition of persons harboring virulent infectious agents without outward manifestations of symptomatic reactions to them.

Considering the parasites themselves, on the other hand, we find the early bacteriologist clearly separating the bacterial causes of infectious diseases into very distinct species. Subsequent research developed the fact that each of these supposedly distinct species was actually made up by a group of closely related, and yet more or less easily distinguishable races of bacteria. Still more recently these groups have been brought even closer together through the discovery of forms of bacterial life occupying positions which would carry them partly into one group and partly into one of the others. At the present time we are having presented to us results of investigations by competent bacteriologists working in the field of pathology, which would appear to indicate that particular groups of micro-organisms, especially the forms of cocci that produce pathologic change, are capable of being transmuted by very special treatments from one race into another. Thus the claims are set forth that the pneumococcus, with its biological, immunological and pathogenic properties of more or less specific types and kinds, can be transmuted into the streptococcus of quite different bioligocal characteristics, and even new immunological and pathogenic properties. It is doubtful, however, if we are yet in a position to accept this evidence without further confirmation, although for the time being it would be most inadvisable to turn the evidence presented aside without the most careful consideration of it.

Some of these same workers are renewing the old hypothesis in which the evidence was supposed to show mutation of one species of bacterium to another while the organisms were being harbored, or were actively developing in some part of the animal body. It is certain that all types of parasitic micro-organisms are more or less influenced through a process of natural selection toward the creation of special forms by their sojourn in the animal body. Prof. Theobald Smith, in his scientific and philosophical discussion of the subject of parasitism, dwells on our existing knowledge of the matter in a most attractive manner. How far such sojourns of parasites in human hosts bring about newly developed or increased pathogenic properties in the species harbored, cannot be definitely stated at the present time, but if the newer ideas are confirmed by further researches, we must then conceive of the probability that the progeny of these parasites with newly acquired characteristics may be transmitted in varying numbers to other hosts, thus providing for them new places for invasion.

Further consideration of this subject may

ultimately lead to the discovery of some of the causes of the regular or irregular periodicity of the onset and outbreaks of infectious diseases, and many special types or grades of such diseases. This has long been a field for open and vigorous discussion in European countries, and especially in England, but has rarely received much consideration in this country.

These most interesting problems of public health have more of indirect than of direct relation to the subject before us, but they are mentioned at this time to illustrate the great complexity of the problems in this branch of public health work, and to demonstrate how very difficult it becomes for anyone to actually determine the relative merits of any system of public health protection.

Returning to the specific field for our consideration, it would be well for us to follow the time-honored custom of considering the toxic diseases, such as diphtheria and tetanus, independently of the other types in which the causative agents produce no poisonous substances which easily pass out of the bacterial body into their surrounding environment. It is generally recognized that these true toxins are unique pathogenic agents. We have for the prevention of the diseases which these toxin-forming bacteria produce, chiefly antitoxins and not vaccines. On purely theoretical grounds there would appear to be no special reasons why bacterial vaccines should not give some measure of protection in these diseases. In natural infections in both diphtheria and tetanus the causative bacteria must first gain entrance and grow on, or in, the tissues of the body before the toxin can be produced. In the case of diphtheria we know full well that the body is usually capable of producing sufficient antibodies for the destruction of the diphtheria bacilli, as well as for the neutralization of the diphtheria toxins produced by them. It may be, however, that the products of the bacterial metabolism of these two kinds are not of the character which would tend to stimulate in the tissues of their hosts antibodies of the type which would actually tend to destroy the bacteria themselves, either through bacteriolysis or by some stimulation of phagocytosis. It is true, however, that no real vaccines have been produced and demonstrated as efficient in the prevention of either diphtheria or tetanus.

Antitoxins, as you all know, are obtained by the vicarious use of some lower animal for the production of the antibodies necessary for the neutralization of the toxin of the disease in the human system. The serums of these animals, which have been subjected to repeated and increasing doses of the toxins developed in the laboratory, are obtained by bleeding at proper periods and the purification of the serums of as many of the non-essential blood albumenes and globulins as possible by the so-called concentrating processes. These serums merely neutralize toxins when brought in contact with them in the tissue fluids of the human body. It may be, however, that they may have some general stimulating properties such as are produced by the injection of any so-called physiological salt solutions. On the other hand, it is certain that these serums have the inherent objectionable features common to all foreign proteid substances, when the same are injected into the tissues of the body.

So far as we as yet know, all albuminous or similar proteid substances which find their way, or are forcibly introduced into the tissues of the human body, bring about the sensitization of that body, so that a more or less profound and unfavorable reaction occurs upon the subsequent injection of the body with considerable amounts of the same foreign albuminous substances. This reaction is generally termed allergy or anaphylaxis. The exact mechanisms both of sensitization and of anaphylactic reaction have yet to be definitely worked out. Nevertheless, the subject is one which has an important bearing in connection with all use of serums and antitoxins. It is doubtless more important from a practical standpoint to consider anaphylaxis in connection with the use of antitoxins than with vaccines, for the reason that the reaction is to a considerable extent a quantitative one. The amounts of proteid substances introduced by the injection of bacterial vaccines are infinitely smaller than those introduced by the injection of preventive or curative doses of antitoxin, and any danger from anaphylactic shock is proportionately smaller.

Time will not permit us to consider, in any great detail, the problems involved in the relation of anaphylaxis to the use of these preventive agents. It is sufficient to say that the serious manifestations of anaphylactic shock from the use of antitoxins develop but rarely, and then in almost all instances in persons who have given some evidence of hypersensitiveness to foreign

proteid substances. We have learned in the last few years to appreciate the fact that some relation exists between hypersensitiveness to certain foreign proteids and the symptomatic evidences of asthma, hay fever, and diseases of this general type. In such persons it would be advisable to administer a small amount of the antitoxin serum preparation prior to the administration of the prophylactic or therapeutic dose. If, for example, one cubic centimeter of an unconcentrated serum failed to produce evidence of anaphylactic shock inside of two to three hours, it would be undoubtedly safe to administer the larger doses which might be required, of 50 or more cubic centimeters, of the same preparation. With this precaution, serious dangers from anaphylaxis can be almost entirely avoided.

The use of antitoxins in both tetanus and diphtheria is a purely neutralizing process. These sera destroy already formed toxins, and neither prevent its formation nor exert any effect on already injured tissues nor upon the injuring bacteria. To be truly efficient they must be introduced before the toxins present in the tissues have entered into any combination with the cells for which they have affinity. If, however, the toxins, by reason of their fermentlike characteristics, have been already absorbed into tissues of the body inaccessible to the larger molecular elements of the antitoxins, then irreparable damage may have been done. For example, it is well known that the absorption of tetanus toxin through the endings of all the three nerve systems takes place days before any clinical manifestations of the disease occur. The motor and vasomotor nerve systems are those on which the toxin exerts its terrible effects. The ganglia located in the course of the sensory nerves prevent the further passage of the toxin toward the spinal cord, and we are thus saved from what would otherwise be the most terrifically painful disease conceivable. Tetanus toxin absorbed into the nerves through their endings become thoroughly insulated from the neutralizing action of antitoxin elements in the circulating blood or other tissue fluids. As the nervous system is undoubtedly capable of holding several fatal doses of tetanus toxin, the use of antitoxin after the development of symptoms of the disease becomes almost a forlorn hope. On the other hand, the systematic use of tetanus antitoxin in prophylactic doses after injuries likely to be followed by tetanus infections, becomes an almost ideal procedure. Unless some cases have been reported recently, there has never been a failure through such preventive use of tetanus antitoxin in this country. Among the few failures which occurred in the early days in Europe, the majority were due to insufficient dosage. The duration of passive immunity through the injection of tetanus antitoxin is, without doubt, variable, but as a rule lasts less than a month. Tetanus has been known to occur after a lapse of one month from the time of immunization. However, in the large majority of injuries this period of time is sufficient to permit the healing processes to naturally eliminate any further danger from infection.

In the paralyses occurring late in the course of diphtheria we find somewhat the same mechanism in operation as in tetanus. The toxins undoubtedly find their way into the nerves prior to the injection of the antitoxin, and the latter is unable to perform its neutralizing function, on account of the inaccessibility of the toxin located in the course of the nerve fibres. Thus the paralyses and other late complications of diphtheria can only be avoided by the early use of the remedy. The prophylactic utilization of diphtheria antitoxin does not appear to give the same degree of efficiency as does that of tetanus antitoxin. Failures appear to be more common, and have been attributed to several factors. The chief of these appear to be the prompt elimination or destruction of the antitoxic globulins from the body. In many instances, however, the injections have been made into the tissues from which absorption has been too slow to prevent the onset of the disease. Prophylactic injections should be preferably intramuscular rather than subcutaneous. The common maximum of duration of any important degree of passive immunity from the use of diphtheria antitoxin is one month.

Behring's new method of immunization for diphtheria consists in the production of a combination of passive and active immunity. Its basis, first worked out upon animals in this country, relies upon the failure to bring about complete neutralization of all the elements in toxins by the mixing of antitoxin with them. There are left unaffected in the mixture, relative harmless constituents of the toxins which are none the less capable of stimulating the production of antitoxins in the animals into which such mixtures are injected. Probably every com-

petent bacteriologist, engaged in producing antitoxins in this country, worked upon the problem before Behring projected his preparation, but all hesitated to use such combinations upon children. While we all recognize that a mixture of toxin and antitoxin can be so prepared that the active poisonous toxic substances are apparently neutralized for guinea pigs and horses, and yet have such a number of unsaturated toxic constituents left to stimulate antitoxin production in the recipient of the dose, still there has been a wise hesitancy in using such mixtures upon human beings, for even at this date the relative susceptibilities of such animals and human beings are not known, and even if they were accidentally discovered in one or two instances, there would always be the fear of finding in some persons an unusual susceptibility to these supposedly harmless constituents of incompletely neutralized toxins. Moreover, these mixtures are but relatively harmless to animals. When the antitoxin is not in great excess the injection of such mixtures does produce paralysis and cachexia.

The systematic use of diphtheria antitoxin for the prevention of diphtheria undoubtedly plays a most important role in the protection of the public health. The extent of its effect can hardly be measured even approximately. It does not, of course, prevent the development of carriers of diphtheria bacilli. It might properly be suspected of increasing their number, for the passive immunity produced does not injuriously affect the bacilli in the nose or throat, so far as is known. If we look upon the matter in the light of our very limited knowledge of parasitism, we could easily predicate a theoretical development of increased numbers of diphtheria bicallus carriers who themselves were in a satisfactorily immunized state. These persons might harbor even virulent types of these bacteria and thus augment conditions favorable to the preservation and possible propagation and distribution of more virulent types of diphtheria bacilli to others. On the other hand, no statistical evidences of such an increase in the virulence of the diphtheria bacilli in the number of cases caused by them has ever been noted where passive immunization of exposed persons is practiced. In fact, if anything, this disease has on the whole been milder than it was in pre-antitoxin days, and yet without any doubt far fewer virluent types of diphtheria bacilli have been buried under the sod with their hosts than formerly.

It is not within our province at this time to speak in detail of the therapeutic use of antitoxin. We need but to reiterate the statement that it is still the greatest medical discovery of the age. It both prevents and cures. Its only defect is that it does not attack the bacilliary cause of the disease, to any great extent at least. If we possessed an efficient vaccine for this disease our therapeutic armamentarium against it would appear to be almost complete.

In passing from the so-called toxic diseases to others the infectious agents of which have been considered for many years as not producing soluble toxins, it must be admitted that the opinion as to their non-toxic character was based largely upon the result of attempts to produce toxins by growing these bacteria outside the body.

Undoubtedly the forms of toxic substances are produced by cholera and typhoid bacilli, pneumococci and certain other pathogenic bacteria when they develop in the animal body under special conditions. Efforts to classify these other infectious diseases on the basis of predominance of characteristics of one or another variety, such as the production of extracellular or endocellular toxins, or of lytic or dissolving properties on the infecting bacteria by the blood serum, or of opsonic stimulating effects in the blood serum resulting in increased phagocytic action on the part of the blood cells, or any of the other possible biological bases, are as yet impractical, due to our lack of knowledge. Not having, therefore, any orderly scientific bases for our consideration of the remaining diseases, we will deal with them in as systematic a manner as certain of their characteristics permit.

The keenness of observers in even pre-medieval times gave active immunization to us even before the advent of any knowledge of microscopic life. Centuries ago the Chinese practiced smallpox inoculation. This preventive measure traveled westward to Turkey and then to England, where it was in vogue for decades. It was indirectly responsible for the discovery by Jenner of cowpox vaccine. The remaining history of smallpox protection is familiar to you. No well-balanced biologically receptive and perceptive mind ever questions the real efficiency of vaccination in the prevention of smallpox. It remains for us to note especially at this time that all the evidence points towards the wisdom of revaccination at stated intervals of preferably not over ten years. The duration of active immunity is

undoubtedly very variable. Revaccination will be successful in at least 90% of the cases when performed, approximately, ten years after a previous successful vaccination. This does not mean that all such persons would be susceptible to smallpox infection on average exposure, but it does mean that they are less immune than they were previously and that the full measure of public health protection would be served by a revaccination at least every ten years.

Another disease of American importance for which we have a successful vaccine, is typhoid fever. Our popular education concerning the value of antityphoid vaccination cannot be said to have been neglected. This has been due to the ease of demonstration of the resutls through the work of army surgeons of England and America. That the morbidity and the mortality from typhoid fever has been greatly reduced by the prophylactic injection of killed cultures of the typhoid bacillus into the members of these army forces, is unquestionable. Other factors involved in sanitary operations have undoubtedly assisted the total reduction noted. The method of protection is being more and more used in the prevention of this disease among large and small bodies of workmen where there are special risks to the toilers and especially to those exposed to contact with them, such as in labor camps in or near cities or upon their watersheds. The use of the method will doubtless spread to other groups of citizens as its value and relative harmlessness are demonstrated. Those about to travel in regions where proper sanitation is doubtful, and all persons living in association with the disease, should be immunized. Moreover, we may with some confidence look toward some future improvement in the methods of preparation of the vaccine whereby a more efficient preparation or one assuredly free from toxicity will become available, or one which will hasten the development of immunity.

It should be pointed out that in the present typhoid and other bacterial vaccines we are dealing with killed cultures of the etiological bacteria of their respective diseases and not living attenuated organisms, as in the case with the smallpox vaccine virus. Besredka and others have suggested, and have been using, living typhoid bacilli attenuated by various processes. Their latest form is the sensitized virus vaccines. The bacteria are here treated with immune serum, the excess of which is removed by washing before injection. The use of attenuated living cultures takes us back to Pasteur's work on anthrax, and other animal diseases. Through his work we were given that most efficient protective virus for rabies, which consists in the injection of an injured person who has been bitten by a rabid animal with increasing doses of attenuated virus contained in the spinal cords of rabbits dead of infections of standardized, or so-called fixed virus. The prompt use of this prophylactic results in a reduction of the mortality from the bites of rabid animals to a mere fraction of one per cent. Protective serums from this disease have of recent years been produced and have been used in conjunction with the virus injections, in cases where the injuries have been severe and upon the exposed portions of the body, especially the head. In such cases any time lost before injection is serious, and a high degree of protection is required. The use of a protective injection of the serum appears to make possible a more active immunization by the use of attenuated virus. However, experience with the double injection method has been limited. This same combined method does not result favorably in hog cholera and some other similar animal infections.

Harris, of St. Louis, has made recent improvements in the preparation of rabies virus whereby the dessication of the infected rabbits' brains and cords is accomplished by very rapid freezing and then drying in vacuum at a temperature of 10° C. This virus holds its power under easily obtainable conditions for long periods. Harris has also found that in animals a most active immunity can be produced in a minimum of time by the injection of the proper dosage intraspinally rather than subcutaneously. If the same results are obtained in human beings we will have a method of protection sufficiently rapid in action to save the most serious cases of head injuries which now perish.

Living attenuated viruses, while frequently theoretically ideal, are not without such serious objections as to render their use quite unwise, except in cases of extreme necessity. Cultures of such bacteria may become in time, or under some special conditions not as yet well understood, greatly enhanced in virulence, and while they may not in this state produce disease in the host, they may be distributed to other more susceptible persons. That is, the original host may become a carrier of a more virulent

type of organism. Van Behring's attempts to immunize cattle against tuberculosis by injecting them with human tubercle bacilli toward which these animals have no susceptibility, resulted frequently in creating cattle carriers of human tubercle bacilli. We have recently passed through one of those more or less periodically recurring spasms of excessive popular interest in the prevention and cure of tuberculosis. The "cure" on this occasion was to be by the subcutaneous injection of living cultures of bacteria closely resembling the tubercle bacillus, but supposedly possessed of no virulence for human beings. The result expected by those competent to judge has happened, and the incident is over. However, it has helped to promote recognition of the existence of several important obstacles in the way of the production of any special degree of protective immunity towards this disease.

Almost continuously since the discovery of the tubercle bacillus by Koch have efforts been made to produce protective and therapeutic biological agencies for this infection. Every conceivable form and type of preparation of and from tubercle bacilli have been tested upon animals which were subsequently injected with fatal doses of virulent bacteria of the disease, and never has any but the slightest degrees of immunity been produced. Only living attenuated tubercle bacilli, or closely related races, have even given these slightly favorable results. Moreover, it has been shown by these and other studies that the degrees of immunity produced in those fully recovered from earlier infections, while very variable, and sometimes lacking altogether, cannot be approached by any artificial method of protective inoculation. While it is true that the apparently milder forms of tuberculosis in children result, in a considerable proportion of cases, in a variable but apparently well defined active immunity in later life, almost the reverse appears to be true in other instances, and the way for the fatal ending is prepared and the disease accelerated by the early infections.

How can we hope then to improve upon the active immunities acquired by the full recovery from natural infections unless we can work out some entirely new immunizing agency of as yet unknown qualities.

The use of the various preparations of, or from living or dead tubercle or closely related bacteria, for the therapeutics of the disease, have resulted somewhat more favorably, especially in recent years. However, the greatest care must be taken in the administration of such products in infected persons. The animal body becomes variably but usually highly sensitized by the sojourn in it of the tubercle bacillus, so that the injection subsequently of tubercle bacilli, or of many of its products, more especially the tuberculins, results in obvious reactions frequently quite disastrous in character. Early after the discovery of these tuberculin reactions the claims were made that tubercle bacilli were liberated from the more or less active foci of the disease with a consequent intracorporeal spreading of the infection. This phenomenon has been confirmed quite recently, but the frequency of its occurrence, or the especial mechanism producing it, has yet to be demonstrated. It is quite generally conceded, however, that the mildest forms or no reactions whatever give the most favorable results from the therapeutic use of these tuberculins or other analogous preparations. In this connection, the efforts of White and his associates to standardize tuberculins deserves special notice, for the various products differ widely in their content of proteins and fats which appear to be the important elements in the stimulation of the reaction.

There remains for our further consideration a number of infectious diseases which, in the light of quite recent researches, appear to have more or less in common. Some investigators consider some of them as more or less toxic in character. Pneumonia, the streptococcus septicaemias, and epidemic meningitis are considered as belonging especially in this group. Others are quite clearly of the type of infections requiring the immediate presence and probably the local growth of the invading bacterium for the production of symptoms directly related to that part. This great group of infections due to an almost multiplicity of varieties of strepto and other forms of cocci, including the pneumococcus and meningococcus and the gonococcus, have offered a most fruitful field for almost universally conducted immunological researches during especially the last decade. This will not permit of any detailed consideration of the subject. Those seeking such information should begin with the remarkably comprehensive recent publications of Prof. Theobald Smith, and the Harben lectures of Dr. Simon Flexner, of the Rockefeller Institute. Following these, a careful consideration of

the papers by Rufus Cole and his associates, and those of the group of Chicago investigators, Hektoen, Jordan, Rosenow, Webster, Davis and the others will give the investigator much material for mental assimilation.

It will only be possible at this time to describe briefly some of the practical results obtained by the use of apparently efficient vaccines or antibacterial serums for the different diseases of this large group. Before doing so it would be proper to report upon the use of typhoid vaccines as a therapeutic agent. Callistou concludes from a study of the records of 323 cases that such use prevents relapses and lessens complications and does no harm.

We should likewise discuss the efforts made to permanently eliminate the typhoid bacilli from typhoid carriers by the use of typhoid vaccines. We must first understand that practically all such carriers give off typhoid bacilli very irregularly, their discharges being frequently free from them for months. Meader and others have attempted to ascertain the probable effect of the injection of such vaccines in carriers by the determination of the immunological reactions of the patients' blood during the course of the immunizing process. The results were quite suggestive of some effect of the vaccines but only repeated confirmations of this work would warrant any conclusions. In the meantime we must admit that the method is the most promising one we have for the treatment of typhoid carriers, and all such persons should be thoroughly treated with typhoid vaccines.

Returning to the group of bacterial infections which are either wholly non-toxic or but partially so, let us deal first with epidemic meningitis, for it doubtless is the most controllable from the public health standpoint. There can be no gainsaying the therapeutic value of the use of anti-meningococci serum, although some of the compilers of the statistical studies have not been as severely self-critical as they should have been. However, when introduced by the spinal injections, as is the custom, the serum should not be prepared with antiseptics of the carbolic acid or cresol types, for the rather frequent cases of serious or fatal respiratory disturbances have been shown to be due to the passage of those agents to the floor of the fourth ventricle, where they exert a most disastrous toxic effect.

The antimeningococcic serum is now standardized by the opsonic index technic. By this method it is shown to have marked powers of stimulating phagocytosis. In the prevention of epidemic meningitis the use of meningococcus vaccines have shown very pronounced success. The works of Sophian and Black in the Texas epidemic and of Major Wadham of the army show results quite comparable to those from typhoid vaccination of our Federal troops.

Antigonococcic vaccines have now been shown to be superior to antigonococcus serums in the limitation of these infections and the prevention of complications. Any direct benefit to public health by the use of either has yet to be determined, although therapeutically they are of quite decided value, and thus an indirect effect on public health might be predicated.

The epidemiology of the diseases due to the pneumococcus and various forms of streptococci, have never been very thoroughly considered, although there are signs that it will not be long before some light may be shed on the creation and transmission of some of the more highly pathogenic varieties of these bacteria. Cole has shown the existence of three main group varieties of pneumococci in pneumococcus infections of the lungs and an additional group made up of a lot of variable forms. For only two of these groups was he able to produce an effective anti-pneumococcic serum, but fortunately a very considerable proportion of pneumonias due to the pneumococcus were found to be caused by these two groups of pneumococci. It must be recognized that not all pneumonias are caused by the pneumococcus. Cole urges the bacteriological diagnosis of each case and the use of the approximate serum. Where this is not possible the polyvalent serums should be employed, but a larger proportion of failures are an almost necessary consequence. Major Bispham, of the U. S. Army, reports very satisfactory results from the therapeutic use of pneumococcus vaccines in a limited number of cases. When his results are confirmed by other workers, or when the relation of type of pneumococcus infection to the vaccine used is properly correlated, we will be better able to pass judgment on the value of the vaccine treatment of this disease.

We have for our final consideration the most protean of all the frequently intensively pathogenic bacteria, namely, the various streptococci. They have been associated with an almost unlimited number of types of infections. Erysipelas, general

septicaemia, scarlet fever, rheumatism—acute and recently the more chronic forms, and endocarditis, are some of the types of infections in which strepococci of more or less specialized characteristics have appeared to be the causative agents.

Recent researches appear to correlate special biological characteristics, serum reactions and pathogenic properties with each type. And, as we have noted, there is some very recent evidence of a possibility of transmutation from type to type. In view of these facts it is obvious that there exists as yet no very sure foundation for the scientific application of either bacterial vaccines or antitoxic sera. It is true that the polyvalent vaccines and serums have been used with more or less frequent evidences of definite success. The list of antistreptococcic serums which have been used is a long one, beginning with Marmorecke in 1895. Their successes and their failures have both doubtless been due, in part, to the great variabilities of characteristics of the infecting streptococci. Polyvalency in serums may not be very scientific, but as an empirical second best it should not be discarded. These serums are used largely for therapeutic purposes and as such have an indirect bearing on public health.

When we come to consider the streptococcus vaccines we find much the same situation. The use of autogenous vaccines is by far more scientific than the injection of the polyvalent vaccines, but time is always lost in their preparation, and time is a factor of no mean importance in either immunization or treatment. However, there is a most serious question as to the advisability of using vaccines for treatment of acute generalized infections. Theobald Smith ably debates the matter and vigorously warns those not thoroughly experienced in bacteriology and immunology from applying vaccines in cases of generalized streptococcus or other infections. The use of serums in such instances is upon a much surer foundation. Vaccines for prevention are, however, to be preferred to serums unless there is need of great haste.

In the prevention of scarlet fever Gabritschewsky and others in Russia, and Richard Smith in America, report decidedly excellent results from the use of a polyvalent vaccine produced from numerous streptococcus cultures obtained from the throats of scarlet fever cases. The use of this vaccine does not rest on any especially sound scientific basis, but the results appear to be favorable.

From this recital of known facts and present hypotheses it becomes quite evident that the relation of Vaccines and Serums to the General Public Health is not only a subject of the very greatest importance, but that it has been developed almost wholly by medical scientists. Further progress in this field depends not only upon further scientific evolutionary development of our knowledge of all the problems of bacteriology, susceptibility, immunity, and parasitism, but upon the ready acceptance and utilization, in a thoroughly co-operative manner, of the facts and hypotheses, and the resulting biological products by the medical profession. I do not refer merely to those facts or products relating to the treatment of diseases, but to those of special value in the prevention of them. It is obvious that with either type full efficiency in the application of them will not be obtained without the most perfect co-operation between the medical profession and departments of health. Still further, however, do we need the co-operation of the public, and here we must depend upon education. The practicing physician can do much in this direction, but he cannot do it all. Every proper educational means should be used to effect the necessary popular co-operation. This means that our facts and even some hypotheses must become matters of public knowledge. There are dangers of the gravest character in such a programme, but they are those which are inherent in all democratic forms of government, or control. Compulsory treatment or prevention may be justifiable, but it is not a democratic procedure. Our, as yet, relative great ignorance of truth, the unavoidable lag in the popular acquisition of newly discovered truth, or the incomplete appreciations of old truths create opportunities for the quacks, charletans and the self-centred enthusiasts, possessed of but little and, therefore, dangerous knowledge, to exploit the public consciously or unconsciously for their own benefit.

In matters hygienic as well as those medical and those generally scientific, the education of the public is incomplete if they are not taught that rights of leadership are naturally inherent with those who devote their lives to the acquisition and the modest and self-critical consideration, and the frank and well-balanced educational promotion of the facts and the working hypotheses of science. Skill in methods of publicity does not predicate scientific knowledge on the part of the publicist. The difficulty of finding both types of ability in the one individ-

ual makes it incumbent upon the person who is merely effective in the application of the arts of publicity to prove his right of action by supplying the sources of his information. If his sources of facts and hypothese are those long since defunct or now moribund, or are those suffering from senility or neurasthenia, it behooves those in possession of the true facts and the generally accepted hypotheses to make known the same as widely as possible, even at the risk of personal attacks from the offending parties.

On the other hand, it should be far from us to condone that insidious phariseeism which so frequently infects the workers in science for science's sake. As we have seen, immunity is much harder to develop in the diseases with slow, insidious onsets than in the frankly and rapidly toxic forms. While, therefore, we make righteous warfare upon the quack and the unbalanced publicist, let us apply our most exacting methods of diagnosis to determine whether we ourselves are afflicted with that disease most difficult of eradication—phariseeism.

MALINGERING.*

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I had intended to devote this paper to Malingering as found in Dermatology, but in its preparation so much of interest—at least to me—offered itself in a general way, and involving all branches of medicine, that I concluded a general resume might be more productive in causing a discussion.

Because of "The Compulsory Compensation," "Employees' Insurance" and "The Employers' Liability Act" of this State, these cases may occupy more of our time than heretofore.

A "Malingerer" is one who feigns or produces sickness or infirmity of any kind.

To show how many of the special branches of medicine are involved by the symptomatology of Malingering, I will mention in genito-urinary diseases: incontinence, retention and haematuria; in medicine: palpitation, vomiting, dysphagia, and hamatemesis; in neurology: mania, monomania, inbecility, convulsions, claudication and paralysis; in dermatology: ulcers, discoloration of skin and fetid perspiration; in ophthalmology: amaurosis, myopia, presbyopia, cataract, strabismus and ophthalmia; in otology: deafness and otitis; in surgery: prolapse of rectum, haemorrhoids, varicose veins, foreign body in rectum, hydrocele, hernia, excretion of gravel and dislocations; in orthopedics: lateral curvature, contraction of joints and contraction of limbs; in pediatrics: vomiting, convulsions and pain; in rhinology and laryngology: ozoena, epistaxis, aphonia, hoarseness and stammering; in gynecology: abdominal tumors and tympanites.

Malingering has occurred in all ages and in all classes of society. In Genesis, Chap. xxxi : 35, Rachael pleads "that the custom of women is upon me" and so prevented the search for the stolen images of Laban.

In I. Samuel, Chapter xxi : 13. And he (David) changed his behavior before them and feigned himself mad in their hands, and scrabbled on the doors of the gate, and let his spittle fall down upon his beard.

In II. Samuel, Chap., xiii : 5, et seq. Ammon feigned illness, and by this ruse violated his sister (Tamar).

In Hume's England "Raleigh made use of many mean artifices, such as feigning madness, sickness, and a variety of diseases to protract his examination and to procure his escape.

Essex was ill and Elizabeth ordered eight physicians to attend him * * * a belief was instilled in Elizabeth that his illness was entirely counterfeit, in order to move her compassion.

In Cicero—The offices, Book 3, Chap. 26, speaking of Ulysses and the Trojan war—He first endeavored not to join in the war, faint-hearted coward! feigning to be mad.

What are the motives of the malingerer? It is to accomplish an object, or in other words, to procure or to endeavor to procure advantages that might accrue in various ways to personal gain, acquisition of money, sympathy, notoriety, to obtain compliance of their wishes, pleasure of deceiving, shirking responsibilities of certain duties, evading just punishment for crime, and in some cases without any discoverable motive.

The question frequently arises when the severity of any injury is so pronounced, how could the person inflict so serious an injury upon himself? We must remember that the strength of resolution is very great and, for the accomplishment of a particular

*Read before The Physicians' Club, Newark, January 9, 1914.

end, the most severe pain can be endured. The death of the martyrs at the stake, standing apparently unconcerned while the flames ended their lives; women mounting the funeral piles of their husbands, and as signs of sensation were believed to show a lack of faith, they were seldom seen to stir. The Hindoos were noted for their strength of resolution and it has been told that some of them resolved to close their fists and never open them, and considering this a sacred vow, they suffered their nails to grow through their hands.

Individuals with apparent candor, with simplicity, even those absolutely ignorant, and some from whom deceit might be excluded, have succeeded in imposing on others for a long time, and for this reason, that malingerers often display an art in concealing fraud, which could not be anticipated; the mind being controlled by one object, seems to acquire new dexterity in the prosecution of that design beyond what might be expected with the intellect of the observed malingerer.

Malingering occurs in all walks of life but in some greater than others.

1. Soldiers or sailors or those liable to be called upon to serve in army or navy.
2. Criminals desirous of evading punishment for crime.
3. Because of a monetary consideration, real or fake accidents on railroads, street cars, etc., prolonging illness or injuries for the sake of a larger settlement, or for the purpose of obtaining benefits.
4. Those preferring idleness to industry —mendicants, vagrants, etc.
5. Those influenced by imitation.
6. Those desiring to attract interest or sympathy to themselves.
7. Without motive of any kind.

Many attempts have been made to classify malingerers. Beaupre divides them in two classes:

1. Those dependent upon the will, those which occur without any alteration of tissue, or important lesion of function.
2. Those that are excited by external or internal agents.

Metzger classifies the causes: First, external; second, internal.

Coche:

1. Those that are feigned.
2. Those that are factitious.

(a) Patients under morbid impulse or fear (feign involuntarily) disease such as is seen in some forms of hysteria or neurasthenia.

(b) Voluntary exaggeration of real symptoms.

(c) Deliberate deceit.

Disease is pretended when the fraud is due to untruths, as an assertion of pain or deafness; disease is simulated when symptoms of disease are added, rigors, purulent discharge from the ear, due to the insertion of some agent.

Factitious cases are those wholly produced by the patient; aggravated, those originated without design, but afterwards increased by use of artificial means—varicose veins by tight ligatures, simulated by imitation, epilepsy; simulated by provocation, ophthalmia by introduction of a foreign body or a chemical.

The most curious phenomenon of this subject, to my mind, is the unanimity of opinion as to the consciousness of fraud or deceit of malingerers in all diseases which they feign or produce except in dermatologic lesions; in these latter some investigators, particularly of the French school, believe that a nerve condition may be a cause; others go to a great length in formulating a hypothesis of a sub-conscious causation of these injuries. Janet (pupil of Charcot) believes there exists in consciousness a region below, if such a term is permissible, the normal waking or personal consciousness, which is called the sub-conscious; groups of ideas may exist in this without being at all clearly perceived by an individual, in fact without being known at all, yet they may operate to produce results very much as if they were the subject of voluntary attention. The "hysteric" lives through fancied experiences of which he knows nothing, when he "comes to" they have an amnesia for all these events.

Freud, by a very complicated and intricate hypothesis, develops the thought that there is a sexual origin of the hysterical reaction—by sexual is not meant sensual.

An abstract from the history of a case, which was under my observation, is illustrative of a number of facts in connection with Malingering.

E. D., female, age 22, was referred to me for a number of dermatologic lesions; at first examination there were found a number of scars and 6 active lesions, one 8x3 cen., another circular, 5. cen. in diameter and one as small as a pea. From her I learned that about 2 years previous, while washing dishes, she had used lye instead of washing soda and had received a superficial burn on her left hand which had

healed in one week; two weeks later the first lesion appeared just above the original trauma, 2nd just above first, 3rd in bend of elbow, 4th on wrist, 5th on vaccination

SCARS, A HEALING LESION AND AN ACTIVE ONE.

mark, 6th on shoulder, 7th left breast, 8th and 9th on fingers of left hand, 10th on right groin, 11th right leg below knee, 12th right leg over malleolus, 13th left leg above knee, 14th right side of labia majora, 15th floor of the vagina. She informed me that in her former home in New England several of these spots had been removed by operation.

My diagnosis was Malingering, but I did not in any way intimate this to the patient, as I knew that if I should make such statement, no further opportunity for observation would be accorded.

At my request Dr. Beling examined this patient and diagnosed the case as one of "hysteria."

From the members of the patient's family, further history was obtained. On four occasions, patient was catheterized, claiming that she was unable to void her urine. Again, after taking a bath, she sat upon a chair upon which was her clothing, and in the latter a number of pins, and by chance the pins entered her rectum; an operation was performed and four pins were extracted.

On two occasions, splinters of wood entered her vagina, due as she claimed to slipping upon a chair; the splinters were removed by operation.

On one occasion, she claimed that she had swallowed a piece of glass while drinking from a tumbler, and was not satisfied until stomach-pump was used; again claimed to have taken morphine because she was tired of living and again the stomach-pump.

Claimed she had swallowed five safety pins; under the observation of Dr. Haussling an x-ray was taken and it showed one pin in the stomach, and later five pins were passed or removed per anus.

While in the hospital and under observation at this time, I saw the patient frequently and at first drew from her that an impulse came over her to swallow a pin, and that she acted upon that impulse; a few days later the same impulse with the same result; then she acknowledged that one of the scars was caused by phenol, at that time an impulse came over her to swallow the phenol, but she conquered herself sufficiently and applied the same to shoulder; this lesion did not turn black as did all the others. The next day she confessed that potash of lye was the cause of her lesions, and that she always had a can hidden under her mattress.

This patient confessed to the self-infliction of her injuries, acknowledged the pain caused thereby and accepted without complaint the unsightly scars left after the infliction. This patient, as far as I know, is now leading an exemplary life. I was very anxious to learn whether she at any time suspected that I was cognizant of her self-infliction of the injuries; upon questioning, she informed me that she thought, but could not be positive, that I was suspicious and she was rather anxious to deceive me.

There seemed to be no decided motive in this case, excepting that she did not care for housework and that she claimed that "impulses came over her," and that she delighted in mystifying her family and physicians.

Dr. Harvey P. Towle, in the Jour. of Cutaneous Diseases, Nov., 1907, analyzed 90 cases of artificial or supposed spontaneous eruption; in all cases the patient suffered from some form of hysteria, about one-half of all cases gave previous history of trauma. In the majority of all cases in which there was a preceding trauma the first eruption was at or near the site of original injury.

The case reported follows closely the ob-

servations of Dr. Towle. Dr. Hyde states that he had never come across a self-confessed Malingerer. This case, then, is an exception to the rule.

In view of the fact that so many of us are reluctant to admit the probability of any patient inflicting upon herself so many painful and disfiguring injuries and the motive therefor being undiscovered, makes it exceedingly difficult for us to come to a positive conclusion.

As to the detection of malingerers, much can be said in a general way, but no positive directions can be offered for any particular individual. In a given case, we must give thought: 1st. Is this disease capable of imitation? 2nd. Is the patient's age, mode of life, and habits compatible with the disease? 3rd. What is the moral situation of the patient? 4th. By differentiation of symptomatology, patients frequently complain of symptoms foreign to the malady; therefore complete knowledge of symptoms of special organs is essential—failure by the patient to give a consistent account of the origin and progress of his disease. 5th. The patient frequently over acts the part. 6th. The effect of treatment. 7th. The use of psychological resources on the part of the physician. 8th. Closest observation, isolation or constant and long watching. 9th. Hypnosis.

In another case under observation, woman age 26 (with a factitious dermatitis), was hypnotized, but the physician did not desire to question her the first time as he wished to obtain her greater confidence but unfortunately there was no second time, as she failed to present herself again, undoubtedly suspecting that her malingering was recognized. I shall certainly make use of this method of detection if an opportunity presents.

Framwell, Journal of British Medical Association, to detect malingerers in compensation cases is extremely difficult for the most experienced and expert physicians, because of the conscious or unconscious refusal to get well.

How may malingering be checked particularly in compensation cases? Collie, in Journal of the A. M. A., advises: 1, a system of organized lay inspection; 2, repeated periodical, independent medical supervision; 3, complete independence of the medical attendant; 4, some system of registration which shall make apparent what is the full amount of sick—pay and other —benefit, if any, that the patient is in receipt of.

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DOES THE STATE OF NEW JERSEY MAINTAIN A CUSTODIAL INSTITUTION FOR THE FEEBLE-MINDED?

By Luther M. Halsey, M. D.,
Williamstown, N. J.

How many readers of this article can answer this question and state definitely just what is the State's policy in this instance? It is the duty of every State physician and taxpayer to know what their citizenship represents; to stand in the position themselves; to know facts and meaning of terms, the latter being the subject now in question: What does a custodial institution imply?

In the vernacular it means an institution maintained to provide for life in the most humane manner a group of cases usually considered to be more or less untrainable. It is the appellation which is usually understood as not requiring in any sense specialized scientific care, but the minimum amount of the usual factilities met with in an average training school. Does this description fit our State institution and can we let the popular idea go by unchallenged, an idea begotten through improper representation to the uninformed, through the use of this expression, the use of a costodial institution by even those high in authority of the State of New Jersey. Any institution maintaining for life a certain class of patients is practically a custodial institution, but the common usage of the term has never suggested itself as explanatory of the State Institution for Feeble-Minded Women by its friends and the well-informed.

Many of the physicians of this State who have visited the institution with their medical societies in the last few years were themselves gratified in their altered opinion.

There is no institution of this sort in the United States giving more specialized and educational treatment to their patients than is this State institution. From impelling necessity is this treatment carried on.

The pendulum in New Jersey has been swung so far in the borderline cases and the cases of delinquency, that probably not another State institution in the United States has the large number of high-grade and questionable feeble-minded cases as this institution. There is no class of pa-

tients calling for the parallel and exacting training as this class, some of which are improperly committed to the institution, but those whose delinquency necessitates study and observation for its correction, and the large number of high-grade Morons of all physical ages whose happiness and development requires the most perfect system of training. From these cases down to the idiot the problem is no less important.

Dr. Hallowell, the superintendent believes that for every spark of mental development produced, just in proportion or more so, is the soul development accomplished. A fact which she believes has proven as a result of the Montessori system which has been a part of the training for two years. The low grade idiot cases whose mentality was so feeble as to have given practically no response to any other line of training have responded in the most amazing manner to this quite marvelous system of education. Marvelous because it is practically worthless without the Montessori spirit, and with it, it is indeed a wonder worker.

Low types of idiots who previously sat in an apathetic manner in the day room drooling from the mouth and screeching and screaming at the slightest crossed vibration, now sit around with a spark of individuality shining from their faces, muttering "school, school, school," that at nine o'clock when they have finished their personal care lessons, it is marvelous to see the avidity with which they enter into their work of the entire day, and remain concentrated for the whole time.

A well trained band and orchestra of 22 patients and a well drilled chorus constitute a very happy feature for the entertainment and training of the patients. This training is directed to awaken the facilities correlated with development of concentration, leading to something of practical value which contributes to the common good and happiness of the school. But little time is given to training in literary work.

The domestic art consists in sewing, from joining carpet rags for use in the loom, to elaborate embroidery and drawn work and preparing those capable to take their places in the regular sewing department, where all the clothing of the institution is made. Navajo rug making, hose knitting, weaving of carpets and rugs, hammered brass, stenciling, net work, modeling, Venetian iron work, basketry both reed and raffia, burnt wood and leather are included in this department.

The Swedish movements are used exclusively in the department of physical training, proving beneficial both from mental and physical aspects of the patients in securing perfect co-ordination, improving functional activity and preventing and correcting abnormal development and deterioration. Out door sports, basket ball, volley ball, combined with apparatus work, dancing and other drills, afforded the patient the advantage of well directed play without the consciousness of any restriction. All but the helpless cases receive training in the gymnastic department and manual training department, and are responsible for the routine work of the institution.

A well cultivated farm of 98 acres contributes largely to the maintenance of the institution and provides healthful and profitable employment for the classes under their efficient instructors. A canning factory, in conjunction, creates competition between the field and canning girls to the happy effect of work and economic advantage. All the work of the institution is done by the patients under the direction of an efficient instructor.

A novel feature and one worthy of commendation is the substitution of a dietetic department for the generally prevalent kitchen. A dietitian teaches and supervises the cooking for the entire institution, being assisted by her class of patients. The department has been thoroughly renovated and has been raised to the standard of all the school departments, eliminating the spirit of drudgery.

There is but one paid employee in the excellently equipped sewing room, all of the laundry and sewing being done by the patients. Other branches of domestic science such as hard work, etc., are tasks of equal interest.

Dr. Hallowell has been able to demonstrate satisfactorily to her professional visitors that the training of the feeble-minded children of young physical age, is practically the same as the training of the feeble-minded women—of adults of the corresponding mental age; that it is the greatest source of happiness for the feeble-minded woman to gratify her maternal instinct in the care of these feeble-minded children and that the feeble-minded children in turn receive the maternal spirit with true love and devotion.

The question that this point has raised regarding the immoral and sophisticated woman contaminating these young charges has not held good. There are degenerate types which of necessity could not be placed

even with the children, but the high-grade types to whom this privilege seems only humane, there has never been one case of otherwise delinquent women of this type throwing anything but the most wholesome and loving atmosphere about her child charges.

The State Institution for Feeble-Minded Women has more facilities for training feeble-minded children than most institutions devoted specifically to that purpose, simply because their individual care and training of each mind is so complete.

Nowhere in the State of New Jersey is there such a complete hospital in connection with an institution of this sort. The hospital costing sixty thousand dollars ($60,000)' has been criticised by some as being a palatial and unnecessarily extravagant structure; the real facts being, that is cost but five hundred and fifty dollars ($550) per head; is entirely sanitary and fire-proof; has every facility for medical, surgical and hydro-therapeutic treatment; will be a monument to the State of New Jersey for generations to come, and possibly never be in the class of old time hospitals. It was a wise provision to erect such a bulding necessitating the minimum number of repairs and insuring safety to this class of patients, and in the meantime providing, architecturally, a dignified structure at a recognized low marked figure for a building of any character for this number of patients.

The provision now on foot for the building for the high-grade deficient delinquents for purposes of observation and study bids fair to be the means of securing much valuable information regarding this difficult class of patients. A scientific and thoroughly organized medical department precluded the possibility of prefunctory treatment. Each patient is studied mentally and physically and a record made of the same, and the training given is prescribed by the medical director.

Pathological and physiological examinations are made, and the blood and excreta of each patient analyzed. The most advanced tests for tuberculosis and syphilis are made to facilitate the medical treatment. The tubercular cases have been segregated in an old unused building remodeled into a tuberculosis shack for their subsquent treatment. The laboratory was remodeled from a hennery, the cost of the same and its equipment being dirived from the maintenance of the institution.

Special attention with remedial treatment has been given the eyes, nose, throat and teeth of the patients.

The training of nurses has been found essential. It has been proven conclusively that the training and treatment of the feeble minded is greatly facilitated and the adminstrative expense lessened when everyone concerned has proper training, thus insuring the highest grade of efficiency.

In connection with the medical department a field worker is a valuable addition in obtaining the etiological histories of the patients, thereby facilitating the diagnosis and obtaining important geneological data.

The admission age is from 13 to 45.

The many impractical suggestions for the building of an institution for feeble-minded children when the training schools can no longer accomodate pressing applications is decidedly a thought in the wrong direction. This institution for women should be thrown open to the State's children, and should be devoted to the exclusion of all other institutions until it is in danger of reaching a population of unwieldy number. There is no excuse for another institution in the State being established, duplicating this expensive equipment when it has one such institution maintained for three hundred patients.

Neither is the mooted question of training different grades in different institutions practical. The many grades of patients in one institution is a tribute to the really scientific value of the institution. The various types and degrees of insane patients are not placed in different institutions, and the same holds good in this instance, and just as is true of the feeble-minded women taking care of the feeble-minded children, so does the high grade woman take care of the idiots, solving also a tremendous economic problem.

These theories are well enough for the illy informed enthusiast, but the physicians of the State are the ones who conduct and maintain and caused to be maintained the proper standards and are in a position to refute and advise against these incorrectly advised enthusiasts who have either personal reasons for such propositions and disinterest in the State's welfare, or are expressing the opinion of workers with the above incentives.

The physicians of New Jersey who are not familiar with the conditions existing, are urged to accept Dr. Hallowell's invitation which she has extended to all the medical societies to visit the institution in person or in a body with their medical so-

cieties for the purpose of acquainting themselves with the facts, giving them in clinic, points which they might wish or would prove interesting, and to set them straight once and for all and let them judge for themselves whether or not the State maintains an institution exemplifying the popularly interpreted custodial institution, or whether it maintains an institution for the care and training in a specialized way of these wards to meet the exactions of its most scientific critics.

It is a thoroughly well established fact that County Insane Hospitals as a rule in this State are not a success from a remedial or curative standpoint. From an economical viewpoint they seem to be as they pride themselves upon their low per capita cost. This does not cure the unfortunate and in many instances, they do not classify the patients, only in a perfunctory way. Carefully view the statistics of a well conducted hospital of to-day and the number of cures are surprising as compared with years ago. This same rule must prevail to a large extent in an institution for defectives, carefully trained physicians and attendents must supervise and study these cases. Systematic laboratory work in conjunction with the clinical aspects of the patients must go hand in hand if we expect to thoroughly understand these perverted types. This is practically imposible in County institutions; lack of training, no laboratories and if such asylums are established instead of making progress we will drift unconsciously back into the way of taking care of the insane years ago. Do not let us retrograde but each and every physician use his best endeavor to arouse public sentiment to develop our institution in the course it is proceeding — along thoroughly scientific lines. To impress upon our State officials that this is the only way to obtain reliable data which may unltimately lead to a reduction in the number of defectives.

Dr. Hallowell is thoroughly alive as to her work and after a thorough inspection of the institution I can heartily say she is doing a noble work of which the State of New Jersey may justly be proud.

When operating for chronic intestinal obstruction, the junction of the distended and collapsed portions of the bowel usually marks the site of the obstruction. This does not always hold good when annular cancer of the large bowel is the cause of the obstruction. In this condition the bowel is sometimes found collapsed through muscle spasm for a considerable distance above the site of the lesion.—Dr. W. T. Coughlin, St. Louis.

Clinical Reports.

A CASE OF CEREBRO-SPINAL MENINGITIS COMPLICATING FOLLICULAR TONSILITIS, FATAL AFTER ONLY THREE DAYS' ILLNESS.*

HENRY J. BOGARDUS, M. D.,
Jersey City.

Gertrude E., aged eight years, one of four children, all of whom have suffered habitually from frequently repeated attacks of tonsilitis and enlarged tonsils. This child also had had scarlet fever and one attack of genuine diphtheria two or three years ago.

Patient was in her usual health and attended school on Monday, December 15th. On the evening of that day she complained of some headache, and the next morning was examined by the attending physician.

The right tonsil was found greatly swollen and inflamed with several exuding follicles on the surface. Temperature 101 and pulse 82. Child was somewhat drowsy and seemed more than usually prostrated by similar attacks of simple tonsilitis.

She refused to eat and resented being disturbed for any reason. This apathetic condition worried the parents, but the physician gave it no special concern at that time. It was suspected that the infecting agent in the tonsilar affection was perhaps more than usually toxic. The next day the symptoms remained about the same and attention was directed mainly to the throat, using the ordinary iron mixture and a peroxide spray locally. The left tonsil also became involved, but the swelling in the throat was not at any time sufficient to cause any embarrassment of the breathing.

On Thursday, the morning of the third day, the patient was appreciably worse. The temperature went to 103.6, but the pulse remained at 84. The child was much more irritable and examination became more difficult. The throat did not show much change, but was still thought to be the only cause of the present illness. It was suspected that possibly an undetected diphtheritic patch might be located somewhere in the throat or nasal passages. A streptococcic infection of severe type with a consequent toxaemia was also thought of at this time.

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*Read before the Physicians and Surgeons' Club, Jersey City, January 20, 1914.

As a precaution it was thought advisable to administer antitoxin and it was sent for. A culture from the throat had been made and sent to Trenton for examination. The antitoxin, however, was not used, as in the following hour Dr. Miner was called in consultation and it was agreed the antitoxin would be of no advantage. Dr. Miner, after a thorough examination of the upper air passages, was convinced that we were dealing neither with diphtheria nor a streptococcic infection, but that the case was simply a severe tonsilitis. The doctor noted the relatively slow pulse, but the throat condition being so evidently the cause of the present illness, no special significance was attributed to it at that time. After this consultation a guarded but quite hopeful prognosis was given the parents.

There never had been any ear trouble, and examination of the mastoid gave no tenderness and there were no symptoms that pointed to an otitis. The nasal fossa was clear and there was no influenza. Examination of the chest was entirely negative. There was no suggestive nor characteristic odor to the breath. There were and have been no cases of scarlet fever in the neighborhood.

When seen on the evening of this, the third day (Thursday), the patient's condition had become quite alarming. The child was very restless and only semi-conscious; the mother had noted that the eyes were crossed, and occasionally there was a sharp cry, as if the pain was severe; there had been incontinence of urine and feces. There was now positive rigidity of the neck muscles and Kernig's sign was well marked. The pulse continued slow (84). Trousseau's phenomenon (tache cerebral) was easily demonstrated. There was no vomiting at any time. A diagnosis of a complicating cerebro-spinal meningitis was now plainly evident. At 7:30 P. M. Dr. Gray was called in consultation and easily verified this finding.

It was agreed that the brain involvement was secondary to and dependent upon the throat infection. Upon Dr. Gray's suggestion it was decided to make another culture from the throat and get, if possible, a quick laboratory report on the specific organism with the hope that the exhibition of a suitable serum might be of some avail in checking the rapid progress of the disease. A guarded prognosis as to the ultimate recovery was expressed, but a speedily fatal termination was not anticipated.

An hour and a half later, at 9 P. M., upon returning to the house to make the proposed culture, the physician received the shocking announcement that the child had just died. It had passed away quietly without any struggle that was observed by the grandmother, who had been left alone with the patient for a few minutes.

Death occurred just seventy-two hours after the first evidence of illness had been noted. No post-mortem examination was made. The report from the State laboratory at Trenton came back negative as to diphtheria bacilli. Lumbar puncture was not made.

The case is of interest and is reported because of the virulent and rapidly fatal character of the infection of the meninges, and also because in the experience of the reporter meningitis has heretofore been an unheard of sequela of simple tonsilitis.

Query: Could this have been a possible case of sporadic epidemic cerebro-spinal meningitis from the start accompanied with severe throat symptoms?

Paralysis of the Abducens After Injection of Alcohol for Facial Neuralgia.

Dr. J. Tejer, in Centralblatt for prakt, Augenheilkunde, reports this case:

A woman, aged 50, came with diplopia due to paralysis of the right abducens, which set in a week after an injection of alcohol at the region of the right zygomatic bone under the right lower lid. The lid was very much swollen, but the puncture could not be seen. F. surmised that a few drops of alcohol, which apparently was injected in the direction to the foramen rotundum and ovale came into the neigborhood of the abducens and caused perineuritis or a chemical neurosis in the medullary shoath. Under sojodin treatment the paralysis healed in about 2 months.

Lichen Planus Treated by Lumbar Puncture.

Dr. G. Pernet reports, in The Proceedings of the Royal Society of Medicine, a case of a woman, aged fifty-two, who presented herself at the West London Hospital on June 24 with an acute lichen planus which had been present three weeks. It was spreading very quickly and the pruritis and irritation were extreme. She was admitted and lumbar puncture was performed the next morning, 7½ c.c. of cerebrospinal fluid being withdrawn. From that time the pruritus began to yield, and by 4 o'clock the same day it had practically ceased. No other treatment was given. The condition was now involuting. The cerebrospinal fluid did not show lymphocytosis, but, as is usual, it reduced Fehling. Two years before the author had had a similar acute case in a male patient. The result of lumbar puncture was good. In this case the cerebrospinal fluid did not reduce Fehling's solution. In a case in which the puncture was done and the patient allowed to go home very severe headache ensued and lasted five or six days; it was far better to have the patient under observation.

The sooner the puncture was done for acute lichen planus the better the result qua pruritus. Ravaut, of Paris, had worked at this subject for three years, and his published writings should be consulted for further details.

Thrombosis and Embolism.

Dr. Walter L. Bierring, of Des Moines, Iowa, at the meeting of the Mississippi Valley Medical Association at New Orleans in October, discribed the following series of unusual circulatory accidents occurring in acute infections:

Case I. Gangrenous appendicitis, mesenteric thrombophlebitis, pyelophlebitis of the the liver, acute endocarditis, simutaneous embolism of the left middle cerebral and left axillary artery.

Case II. Suppurative cervical lymphadenitis, operative trauma left facial artery, embolism left middle cerebral artery, right hemiplegia.

Case III. Exophthalmic goitre, acute influenza, chronic infectious endocarditis, embolism with occluding thrombus of right posterior and anterior tibial artery with resulting ischemic gangrene of right leg.

Case IV. Male, 39 years of age, acute tonsillitis, thrombosis of left posterior tibial artery; ischemic gangrene of left foot and leg; embolism of right middle cerebral artery; (partial) left hemiplegia; exitus.

Case V. Male, 57 years of age. Acute follicular tonsillitis, cervical lymphadenitis, femoral thrombophlebitis, local abscess formation, general fatal septicemia.

Case VI. Male, 21 years of age, acute tonsillitis, bacteriemia, acute parenchymatous nephritis, edema, uremia, thrombosis of the right internal jugular vein and right cavernous sinus.

Case VII. Young girl, aged 17 years. Acute pleurisy, central pneumonia, thrombophlebitis of right and left jugular veins, acute right and left cavernitis. Duration of illness four days.

In this series of circulatory accidents, the acute infectious process in four instances was an acute tonsillitis, and one example of acute pleurisy and pneumonia, influenza (lymphadenitis), and appendicitis. As regard localization, the posterior tibial artery was involved in two cases, the middle cerebral three times, the axillary artery once, one example of femoral thrombophlebitis and two of cerebral sinus thrombosis. In two cases multiple embolism occurred in the same patient. In summarizing this series of cases, which were all instances of acute infection accompanied by general bacteriemia or septicemia, tonsillitis, and apparently acute infection of the upper air passage, played a prominent role. This gave to acute tonsiliar infection an importance that might not have been recognized heretofore, and supported the conception that it was an expression of general septicemia, and most of all emphasized the need of rest as the main essential in its treatment.

Meningitis Following Tonsilitis.

Dr. Siemerling reports this case: A boy of fifteen in whom meningitis developed in connection with a febrile sore-throat—a retronasal angina seems to be a regular accompaniment of epidemic meningitis. There were two days of headache in this case with a little dizziness and tremor of the hands and then the lad dropped unconscious, delirium alternating with stupor, with other symptoms of severe meningitis. Striking benefit followed lumbar puncture which showed the fluid under high pressure. The clinical picture was extremely severe, but terminated in recovery after nearly two months. The fluid contained 300 lymphocytes in 2 c.c. The fifth week a month's course of mercurial inunctions was commenced, using up 63 gm. grey ointment. Quincke has called attention to the benefit from mercurial inunctions in serous meningitis.

Bladder Suture Four Years After Operation.

Dr. J. R. Judd, of Honolulu, in the A. M. A. Jour., December 6th, records the following case:

About three years ago I described a case of intraperitoneal rupture of the urinary bladder in which operation was performed seventy-seven hours after the receipt of injury. The patient made a good recovery and was entirely free from any bladder symptoms subsequently.

Four year after the operation the man died of pneumonia and the bladder was removed at the post-mortem examination. There were no adhesions along the suture line. The scar of the rupture is represented by a thin line 2¼inches in length. At the time of the operation the rent easily admitted four fingers. An additional point of interest is the fact that a careful search failed to reveal any trace of the continuous silk suture used at the operation.

Adenocarcinoma of the Ileum.

Dr. Edward W. Peterson, at a recent meeting of the New York Academy of Medicine, presented a patient, fifty-one years of age, who was admitted to the hospital July 24, 1913, with symptoms of intestinal obstruction. Her family history was negative. Her personal history was that a small tumor had been removed from the parotid region about five years ago. She had always been more or less delicate. She possibly had malaria eighteen years ago and had been very anemic during the past five years. During the past six weeks she had lost fifteen pounds in weight. During the past two years she had suffered with a feeling of distress and fullness in the gastric region. This seemed to have no relation to meals, posture, or to any special time. She had belching of gas; this became very frequent, but there was no vomiting and no constipation. During the past six weeks she complained of severe pain which came on suddenly and then would be absent for several days. The patient was very thin and emaciated. The abdomen was distended and there was a visible peristalsis. Operation was advised and a resection of the intestine performed as well as an appendectomy. A lateral anastomosis was done with the result that the patient now was in good condition, had a good appetite, her bowels were acting well. The specimen removed was an adenocarcinoma of the ileum.

Fracture of the Skull.

Dr. L. M. Warfield, Milwaukee, Wis., reports these cases in a paper on this subject published in the Wisconsin Med. Journal, November, 1913:

O. R., a white man about 45 years old, was brought to the Milwaukee County Hospital on April 20th, 1912, with a history of injury to the head. We learned from the Emergency Hospital that on April 18th he was struck by a street

ear and thrown on his head and shoulder. He was never unconscious at any time, but was dazed. There was a bloody oozing from left ear. When we saw him he was somewhat stuporous, answered questions at times but never rationally enough for us to get a history of the accident. On a previous admission to the hospital it was noted that his mind wandered and his habits were filthy. On examination there was superficial abrasion of the skin of the scalp over the right parietal region and the scalp posteriorly was edematous, the pupils were equal and reacted to light and accommodation, there were blood stains in the external meatus of the left ear. All reflexes were normal, there was no paralysis, pulse 70 to minute, systolic blood pressure 124mm, diastolic 76mm. The pupils were dilated and the eyegrounds examined. The discs were normal. The only data therefore were a history of head injury and bleeding from the left ear. We thought the most probable diagnosis was fracture of the skull involving the middle fossa and petrous portion of left temporal bone. There were no indications for surgical interference.

On the 21st he was somewhat more rational. He asked for water and answered a few questions. About the injury he remembered nothing. Systolic pressure 130, diastolic 70. This morning there was dilatation of the veins of the left optic disc, the nasal side was not so sharply defined and the cupping did not appear so distinct as on previous examination. At 10 P. M. he was groaning with severe headache and examination of the discs showed further obscuring of left disc and evident dilatation of veins of the right disc. On the 22nd the pulse was slow, regular in force and rythm, 62 to minute, systolic 144, diastolic 70. The choking of the left disc seemed to be increasing and the cupping of the right disc was not as distinct as at last examination. A surgeon was called but refused to operate in spite of the gradual signs of cranial compression. He decided to wait for further evidences. On the 23rd both discs were markedly choked, the left the more intense. The patient had had severe headache and appeared mentally confused. The reflexes were equal, the grip of the right hand seemed less than the left. The tongue protruded in the median line and was heavily coated. Pulse regular 60 to minute, systolic 140, diastolic 62. An operation was insisted upon and the cranium was opened on the left side. There was marked bulging of the dura. When this was opened, there was an escape of considerable serous fluid but no clot was found. At 5 P. M. systolic 110, diastolic 70, pulse 66 to minute.

On the 24th the right disc was plainly seen, the cupping was evident. There was some dilatation of the veins of the left disc with haziness of the margins and the cupping was visible. Blood pressure systolic 132, diastolic 74. Later in the day systolic 128, diastolic 68. On the 25th at noon blood pressure 138 and 68. The temporal half of the left disc was still obscure, although the cupping could be seen. The right disc was now more choked. On the 28th, the condition was worse, both discs were again choked. A second decompression was performed, the skull opened on the right side. The intracranial tension was markedly increased and when the dura was incised there was an escape of serum and dark bloody fluid, evidently the remains of a clot. From that time on, the discs gradually became normal, but the patient was mentally much confused and filthy in his habits. How much of this was his normal condition and how much was due to the result of his injury, it was impossible to judge. He was discharged on May 16th, but still had some mental disturbance.

Case X. P. B., a white laborer, 42 years old, was brought to the County Hospital on April 23, 1912, complaining of injury to the head. He stated that on April 20th he was drunk and while standing on a pier, fell off into the water. He was a muscular man, physical examination entirely negative except for a slightly infected scalp wound on the top of the head. He was mildly delirious, especially at night, saw demons and snakes and seemed to be suffering with delirium tremens. The blood pressure was 140 and 82, the pulse 60 to minute and was slightly irregular. There was no indication of fracture of the skull at the time, but he was carefully observed. The eyegrounds were examined on April 25th. O. D. normal. O. S. veins seemed slightly dilated in the disc. The patient complained of severe headache all over the head. On the 27th, the following note was made: The patient was very noisy to-night. He was rational but was gasping for breath, tossing about and seeing all manner of terrible things in his room. He complains of intense right-sided headache but dics are not changed in appearance from last examination and the blood pressure (140) is the same as it has always been. There is no increase of knee-jerks, no beginning paralysis or loss of sensation in any part of body. He sleeps quietly for a few minutes to several hours unless disturbed, when he begins to toss and see phantoms.

On the 28th he complained of severe headache. O. D. showed the veins to be slightly dilated. O. S. disc is slightly hazy on the nasal side with some evident dilatation of the veins. Blood pressure 132 and 70 at 6 P. M. On the 29th it was noted on the chart that for the past three to four days the patient has had violent headache not located in any one spot in the head. Except for a slight stiffness of the posterior muscles of the neck, the examination was negative. O. D. to-day showed dilatation of the veins and choking of the nasal side of the disc. O. S. indicated general choked disc, with slight edema of the retina.

Here was a man who had a history of a fall while drunk nine days ago. At first no symptoms of head injury, then headache and gradual progressive choking of the optic discs beginning on the left side. A surgeon was called who concurred in the diagnosis and in the recommendation for a decompression. This was done on the 29th. The skull was opened on the left side. There was bulging of the dura. When this was incised, considerable old, dark, semi-clotted blood escaped under considerable pressure. Following the operation, the left disc cleared up within the next two days, but the right became slightly more choked. He was watched carefully and although there was edema of the discs, the blood pressure was 128 and 90 and his general condition was improving.

From May 3rd he rapidly improved and by May 9th when he was discharged the discs were normal and his condition was excellent. These two cases are particularly instructive. They demonstrate several most important points in the diagnosis of skull fracture—

1. There may be no sign of external violence.
2. There may not be actual unconsciousness.
3. Examination of the eyegrounds is the most important measure in arriving at a diagnosis.

It it not enough to examine them once within a few hours after the injury. Daily or oftener the discs should be examined. Had we not persisted in our examinations we might have lost both cases, certainly their convalescence would have been prolonged and mental sequelae might have occurred.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The annual business meeting of the Atlantic County Medical Society was held at the Hotel Chelsea, Atlantic City, Friday, January 9th, 1914, at 12 o'clock noon.

The following members were present: Drs. Berner, Bew, Barbash, Carrington, Conaway, Charlton, Chew, Canning, Darnall, Davis, Fox, Guion, Garrabrant, H. F. Harvey, E. H. Harvey, Ireland, Joy, Jonah, Leonard, Lutz, Lee, Lawrence, E. Marvel, Martin, Marshall, MeVay, Poland, Pollard, Porteous, Rulon, Reilly, Schmidt, Stuart, Snowball, Stern, Stickney, Scott, Taggart, Weiner and Williams.

Dr. E. C. Chew as chairman of committee on Nurses Registration reported that there are 147 nurses registered at $1.00 per capita.

Committee on Library reported 145 new volumes had been added during the year making a grand total of over 1,000 volumes of up-to-date medical works as well as all the important medical and surgical journals edited in this country and several edited abroad.

Committee on Sanitation and Public Health reported that so far they had failed to find a solution to the crematory odor problem but that they were still endeavoring to bring about some change.

The Board of Censors reported favorably on the names of Dr. C. Lee Lombone and Dr. G. M. Crowell—both were elected to active membership.

The secretary and treasurer's report was postponed until the February meeting. Drs. Chew and MeVay were appointed by the president to audit the societies books.

The committee on Sanitation and Public Health offered the following resolutions which was discussed freely by many of the members, and carried:—Whereas, it has been the custom of certain members of the medical profession of Atlantic County for a number of years to regularly and irregularly examine the inmates of houses of prostitution in Atlantic City and County for the detection of venereal diseases and declaring inmates either free or ineligible to ply their trade; and

Whereas, it is universally conceded that such examinations, prefunctorily conducted and not followed by legal compulsory quarantine and proper treatment, are only a mere form, tend to lower our professional standing, are contrary to the principles of Article 2 of our Constitution, and tend to encourage the spread of disease under the cloak of professional approval and certification; be it therefore—Resolved, That the Atlantic County Medical Society unqualifiedly condemn all contract or regular inspection of public or private prostitutes; and be it

Resolved, that any member of the Atlantic County Medical Society who may be found guilty of such practice after January 9, 1914, shall be suspended or expelled from membership according to Chapter 1, Sections 1, 7 and 8 of the by-laws; and be it

Resolved, that the construction of these resolutions shall not apply to the legitimate diagnosis and treatment of venereal diseases in the private exercise of one's own practice independent of the maintenance of houses of prostitution.

The following officers were elected for the ensuing year: President, Dr. W. P. Conaway; vice-president, Dr. J. C. MeVay; secretary and treasurer, Dr. Edward Guion; reporter, Dr. Byron G. Davis.

Three annual delegates to the State Society were elected as follows: Drs. Berner, Poland and Jonah. Alternates, Drs. H. T. Harvey, Williams and Canning.

Dr. Wm. Edgar Darnall was re-elected a member of the Board of Censors.

BERGEN COUNTY.

Fred. S. Hallett, M. D., Reporter.

The Bergen County Medical Society held its January meeting on the 14th, 8:15 P. M., at the Union League Club, Hackensack. The president, Dr. Edwin Holmes, in the chair. Twenty-six members were present. The members of the Bergen County Bar Association were our guests.

The scientific committee introduced Mr. Frank Moss, of the District Attorney's staff, New York City, who gave us an interesting and instructive talk on medico-legal questions. It is a cause of regret that Mr. Moss' address could not have been reported as it would have made a valuable contribution to the Journal.

After a social session the meeting adjourned.

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The eighty-fourth annual meeting of the Burlington County Medical Society was held at the Madison Hotel, Mount Holly, on Wednesday, January 14th, 1914, at 1 o'clock P. M. The meeting was called to order by the president, Dr. A. L. Gordon.

The election of officers resulted as follows: President, Dr. C. D. Mendenhall; vice-president, Dr. W. O. La Motte; secretary and treasurer, Dr. George T. Tracy; reporter, Dr. D. F. Remer; censor, Dr. E. M. Mulford.

Delegate to the State Society, Dr. M. W. Newcombe; alternates, Drs. H. B. Ulmer, J. Clifford Haines.

President Gordon read his annual address on "Blood Pressure." The paper was ably rendered and discussed by Drs. Stokes, Barrington, Ulmer, Newcombe and McDonald.

As a matter of historical interest to the Society, Dr. J. Boone Wintersteen read from a State Journal, dated March, 1869, an article on Anthrax by Dr. Thornton, a deceased member of this Society. The article was quite interesting from the treatment standpoint, showing the vast difference from the treatment of to-day.

After an excellent dinner the Society ad-

journed to meet at Brown's Mills-in-thePines in April.

CAMDEN COUNTY.

A report of a special meeting is received as the Journal goes to press. Action was taken on the death of Dr. J. S. Baer. It will appear, with the resolutions which were adopted, in our next issue.—Editor.

CUMBERLAND COUNTY.

Elton T. Corson, M. D., Reporter.

The Cumberland County Medical Society met at the Weatherby House, Millville, January 6th. Dr. L. M. Cornwell, president, was in the chair. Visitors were present from Gloucester County; also the State entomologist, Mr. Thomas H. Headlee.

Dr. Lewis Kauffman, Millville, was elected a member of the Society.

Drs. W. P. Glendon and Leslie M. Cornwell reported their visit to the American Surgical Congress in Chicago, Ill. The Society adjourned to the Leroy Theatre to listen to a lecture by Mr. Headlee on "The Mosquito and Its Life History." This lecture could be given with benefit before each County Society. The public was invited to be present and there was a good attendance.

The next meeting will be held in Burlington, April 7th.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of Hudson County Medical Society was held January 6, 1914, at Odd Fellows' Hall, the president in the chair. Minutes of last meeting read and approved.

Dr. G. K. Dickinson, chairman of the dinner committee, reported that he had secured three mighty good speakers for the annual dinner of the Society, to be held January 27, 1914, at the Downtown Club. The price per plate is to be $3, which he considered reasonable even in these hard times, and generously offered to pay the sum for any one who could not afford to come on account of the amount. Furthermore, that he will be willing to receive the sum by installments.

The Legislative Committee, through Drs. Spence and McLaughlin, reported progress.

Dr. Joseph C. Crowen, 306 Varick street, Jersey City, was elected to membership in the Society.

Dr. Dickinson said that the Board of Education had asked Drs. McLaughlin, Gray and himself to come before them and consider the matter of vaccination. It seems one member of the board had received letters from various sources, asking him to use his influence to abolish the custom of compulsory vaccination in the schools.

Dr. O. R. Blanchard took the opposite view, and thought the subject had better be brought up for argument, so wrote to several prominent men and citizens (those who were doing pediatric work particularly) and got their replies. Quite some feeling was expressed, and objections voiced about as follows: Compulsory vaccination carries danger of inducing disease, bringing out of the system any disease lurking therein; benefit of immunity ran out in short time, and the habit of revaccination was not common nor insisted upon; children were vaccinated and went into schools where other children were whose immunity had run out and they were not revaccinated; the profession was not a unit on the subject.

Considering the statements made, he thought it would be a good thing to submit the matter to the Society, and have it acted upon, and then if the Board of Education takes an action on compulsory vaccination it would fortify for the future.

After discussion a motion was made by Dr. Dickinson, and amended by Dr. Samuel Cosgrove:

Resolved, That it is the unanimous opinion of this Society that vaccination is protective and necessary; that the Society recommend compulsory vaccination and repeated vaccination, and, on account of the anti-vaccination sentiments, that this resolution be published and given the same prominence in the journals that the said anti-vaccinationists give their sentiments. Motion carried.

The president appointed on the vaccination committee Drs. Dickinson, McLaughlin and Cosgrove.

Under interesting cases Dr. A. B. Jaffin presented two cases of acute abdominal conditions occurring at the extremes of life. Boy six years old taken with appendicitis last May. Operated upon, abscess found; drained, and he was out of bed in two weeks. On October 25 he was taken with pain, colicky character, with frequent attacks of vomiting. Bowels moved slightly and pain in abdomen was less intense. Most rigid abdomen developed in twelve hours. Operated upon in seventeen hours after onset, and condition found of volvulus produced by band connecting the ends of the loop formed by the volvulus, and the liberation of this was immediately followed by untwisting of the volvulus. Contents milked out; circulation returned, and patient made an uneventful recovery.

Woman, sixty years old, was next case presented by Dr. Jaffin. Had large mass in right groin, and was seen two or three times for attacks of pain. Mass was size of cocoanut. At each attack of apparent strangulation, was advised to have an operation, but refused, as she came through so many attacks she felt sure of recovery in each one. Last attack occurred on October 26, and she was seen on the third day, when she finally consented to operative measures. She then had marked prostration, tongue dry, much pulmonary congestion, and the prognosis looked bad. Family was advised fully of condition, light anaesthesia given, and mass found to be inguinal hernia. A large mass of adherent omentum had begun to push its way into the sac. Practically all the large omentum was in the sac and had to be resected. No attempt was made at radical cure and patient was not on the table more than twenty minutes. Edges of wound brought down and attempt made to close with few sutures. Patient recovered, and is now very active, doing the work of two households, and has no evidence at this time of any hernia, excepting the scar of operation.

Dr. G. H. Mueller presented a patient, woman, fifty-two years old, who had suffered excruciating attacks of trifacial neuralgia for three

years. Several physicians had relieved but failed to cure. The doctor had been called in two months ago, and had relieved her pain, but the attack came on again in a week. The pain was intense, and radiated down the lower jaw, also the superior maxillary process. She was given an injection of one-quarter grain of morphine but without relief. She then consented to be operated upon in North Hudson Hospital by Dr. Rector, the Hartley-Krause operation for division of the fifth nerve being performed. The patient remained in the hospital one week, and developed no temperature outside of 100, which was practically due to absorption; has had no pain since. The tongue was at first slightly deviated to one side, but is now all right, so that she has now no affection of face or tongue and seems perfectly satisfied.

A case of tetanus in a ten-day-old baby was reported by Dr. W. F. Faison, the only case that lived, the previous five cases of the kind that he had seen all having died. At first the baby did not nurse well, and later could not swallow or nurse. On putting finger in child's mouth noticed that the jaws were rigid.. Temperature, 106.2. Antitetanic serum was injected into the brain through the anterior fontanelle. Temperature later on in the day was 105. Injected 15 c. c. more, and temperature was 103 at night. At the end of ten days could swallow, in twelve days nursed, and went home in fourteen days.

Dr. Dickinson said that in October, 1913, he had a man with symptoms of ulcer of the stomach with evidence of pyloric closure. Opened him and found saddle-ulcer, with scar tissue and pylorus almost closed. Owing to the man's extremely bad condition he did not dare cut out the pylorus, but simply used temporary measures, and tried the closure of the pyloric antrim by ligation. Knew it would not hold for any length of time, but hoped it would hold. He also did a posterior gastroenterostomy. The man did well for two weeks and sat up. Diet was gradually increased, and he was given as much as he could stand, owing to his extreme emaciation and pronounced weakness. All went well until the beginning of the third week, when his condition became somewhat alarming. On looking at the dressing he found absolute absence of healing of abdominal wound. He was given light anaesthesia and sewed up again. From this on he kept on vomiting large amounts —in fact, had a gastric succorrhoea. Stomach washed out. As the doctor had ten cases dying at this time, he sent for his friend, Dr. Faison, who came in, and as he usually does, stayed a few minutes, looked at the case and said he would get well, and advised to continue washing out the stomach, which was done, and the patient went on and died. Autopsy showed absolute want of union of abdominal wall, and first-class union of stomach. Marked dilatation of stomach and first and second part of duodenum; pylorus open and no discharge into intestines.

Dr. Rector spoke of his experiences with brain surgery, and reported case of a man who was suddenly taken sick in August and died in two days, and it was found, post-mortem, that he had died from an abscess in the cerebellum and in fronto-parietal region.

Dr. Rector told of a Greek on whom he intends to operate shortly who was struck on right side of head in July in a trolley car. He has complained of continuous pain ever since.

Also a man who was struck last fall on top of his head, and has a sinus with serous oozing, with evidence of trouble in the inner side of the skull. He went to a physician, who dressed it, and was recommended operation, but refused. A week ago he became paralyzed in left arm and partially paralyzed in his left leg. On awakening he felt this suddenly coming upon him.

J. H. Rosenkranz spoke of the danger of forgetting to diagnose alcoholism, as he had frequently been misled on this very thing. He had a patient, a lady, who complained of pain in her stomach, couldn't sleep well, lost much flesh. Examination showed almost no evidence of disease, or any definite signs. He was puzzled, and had not thought of alcoholism. The thing went along for a few days, when the husband came to him secretly and asked him if he could not help him to keep his wife from drinking so much. This had put him on his guard for evidences of alcoholism he might run across later. This instance brought to his mind a story he had heard of an English doctor who at first was not successful in getting a practice. Being discouraged he got on a good drunk. While in this enviable condition, his doorbell rang, and the messenger asked if he could come to see the Duchess of so-and-so, who was not feeling well. The doctor being somewhat cognizant of his balmy condition, begged to be excused for inflicting his skill upon the lady, but the messenger insisted, and he went to the house. In fulfilling his professional duties the doctor attempted to feel the lady's pulse—after very wisely ordering every one out of the room. Not being able to elicit anything satisfactory from the pulse—which felt as wobbly as his own knees—in a burst of enthusiasm he exclaimed, "Damn it, drunk again," and the lady immediately said, "Doctor, don't tell my husband."

The paper of the evening was read by Charles B. Kelley, M. D., on "Nitrous Oxid and Oxygen in Prolonged Anesthesia." This paper is sent herewith for publication in the Journal.

Drs. Dickinson, Jaffee and Gray discussed the paper, and many of the members present spoke on the subject, much interest being shown in the views presented in so concise and masterly a fashion by Dr. Kelley.

Dr. Waters F. Burrows, of New York City, also read a paper, entitled "The Cure of Habitual Constipation by the Intra-abdominal Use of Oil," after which the meeting adjourned.

GLOUCESTER COUNTY.

H. A. Wilson, M. D., Reporter.

The annual meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, January 22, 1914. Drs. Allen B. Black, of Paulsboro, and E. S. Black, of Williamstown, were unanimously elected to membership. The report of the treasurer, showing a very gratifying financial condition, was read and accepted. The secretary was directed to convey to Dr. Charles S. Heritage and Dr. C. Frank Fisler the sympathy of the society in their illness, with hope for their early recovery.

Prof. Thomas McCrae, of Philadelphia, gave an extremely interesting and practical talk on

Pneumonia, in which he advocated very strongly the open-air treatment.

An obituary notice on the death of Dr. George C. Laws was presented and ordered sent to the Journal.

The following officers were elected: President, B. Frank Ogden, Clayton; vice-president, H L. Simxon, Paulsboro; secretary and treasurer, George E. Reading, Woodbury; reporter, H. A. Wilson, Woodbury; censors, James Hunter, L. M. Halsey and H. A. Stout; delegate to Medical Society of New Jersey, Dr. J. Harris Underwood. The following were appointed delegates to county societies: Camden County, Drs. Fisler, Ashcroft, Diverty, Duffield and Underwood; Salem County, Drs. Ashcroft, Hillegas and Gofft; Cumberland County, Drs. H. B. Chalfont, Stout and Wilson; Burlington County, Drs. Hollingshead, Halsey and Hillegas; Atlantic County, Drs. Reading, Phillips and Halsey.

After adjournment the Society entertained its guests at dinner.

MERCER COUNTY.

Edward B. Funkhouser, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held at the City Hall, Trenton, Tuesday, January 6, 1913, at 8:15 P. M., Dr. Frank G. Scammell presiding. Members present: Drs. F. G. Scammell, Elmer Barwis, Paul L. Cort, Edgar F. West, Harry R. North, William S. Lalor, John C. Felty, Thomas H. MacKenzie, Lawrence H. Rogers, David B. Ackley, Henry B. Costill, Ira M. Shepherd, G. A. Schoening, Martin W. Reddan, N. B. Oliphant, Enoch Blackwell, Samuel Sicca, A. Dunbar Hutchinson, George R. Moore, George N. J. Sommer, F. E. Hill, Dr. Misner, W. A. Taylor, of Trenton; F. B. Landt, of Hamilton Square; C. M. Franklin, of Hightstown.

Minutes read and approved and other routine business transacted.

Communication from Bucks County (Pa.) Medical Society. Dr. James N. Richards, of Fallsington, Pa., appointed a delegate to visit this society. Dr. Martin W. Reddan was appointed to represent the Mercer County Society as a delegate to the Bucks County Society.

Committee on good and welfare appointed—Dr. G. A. Schoening, chairman; Drs. William S. Collier, Enoch Blackwell, William A. Newell, Lawrence H. Rogers and J. O. McDonald.

Final report of committee on revision of constitution and by-laws, by Dr. H. B. Costill, chairman, was prepared and upon motion was laid over to next meeting for other possible changes before being printed.

A copy of the charter letter from the State Society (May 9, 1848) was ordered printed in book with by-laws, as introduction, and a chronological list of members of the Society, after the constitution and by-laws.

Dr. Misner being present, was invited to sit with the Society.

It was decided to ask the Trenton Public Library if they would not accept the custody of the charter letter and first minute-book of the Mercer County Component Medical Society, for safekeeping and as being of historic value.

The treasurer, Dr. I. M. Shepherd, made his report.

The program for the meeting was a symposium on Infantile Paralysis.

The etiology and pathology were well covered, all factors were considered and the changes in the nervous system were shown by microscopical slides by Dr. Henry A. Cotton, of the State Hospital. The symptomology and differential diagnosis were throughly discussed by Dr. Paul F. Cort, of Trenton, who gave a very clear and good picture of all the symptoms, especially those of the onset. The treatment was gone into in detail and the ultimate satisfactory results obtained after long, persistent and careful treatment were ably presented by Dr. David B. Ackley, of Trenton.

After these papers the subject was discussed by Drs. A. Dunbar Hutchinson and Harry R. North. Following this the discussion was general. Many useful and important points were brought out. It was the opinion of several of the members that this had been the most useful and successful meeting, in a scientific way, that the Society had held for several years past. The secretary hopes to be able to send an abstract of the papers and the discussion to the Journal for publication. The following members took part in the general discussion: Drs. G. A. Schoening, Samuel Sicca, Henry B. Costill, Martin W. Reddan, C. M. Franklin, of Heightstown; George N. J. Sommer, N. B. Oliphant, Thomas H. MacKenzie, Elmer Barwis, F. G. Scammell and Drs. North, Hutchinson, Ackley, Cort and Cotton in closing the discussion. Adjourned.

MONMOUTH COUNTY.

Brayton E. Failing, M. D., Reporter.

The regular meeting of the Monmouth County Medical Society was held on Tuesday, December 16, 1913, at the Globe Hotel, Freehold. Twenty-three out of the forty-six members were present. It was the annual meeting for the election of officers and, after a bountiful luncheon, the following were unanimously elected:

President—Reginald S. Bennett, Asbury Park.

Vice-President—Edward M. Beach, West Long Branch.

Secretary—Lester D. Wise, Long Branch.

Treasurer—William A. Robinson, Asbury Park.

Reporter—Brayton Earl Failing, Atlantic Highlands.

Censors—William K. Campbell, chairman, Long Branch; William W. Beveridge, Asbury Park; Harvey S. Brown, Freehold.

Permanent Delegates, State Society—Edwin Field, Red Bank; Daniel E. Roberts, Keyport; William B. Warner, Red Bank; Harry E. Shaw, Long Branch, the last named to fill the place of Dr. Knecht.

Annual Delegates to the State Society—Homer J. Partree, Eatontown; Harry W. Ingling, Freehold.

No scientific papers were read.

The following new members were elected: Drs. S. H. Nichols, Long Branch; J. F. Rose, Asbury Park, and A. Munson, of Red Bank, the latter having been transferred from the Indiana State Medical Society.

MORRIS COUNTY.

E. Moore Fisher, M. D. Reporter.

The Morris County Medical Society held its regular quarterly meeting at Morristown on

December 9, 1913. About thirty members were present. Dr. Jennie A. Dean, of Morristown, was unanimously elected a member.

As it has been forty years since the Society was reorganized, it was decided that this meeting should be in the nature of an anniversary of this event. Those physicians who were present forty years ago, and still remain in the Society, were asked to conduct the meeting and entertain those present. There are only three of these left—Drs. John G. Ryerson of Boonton, Philander A. Harris of Paterson and Fred W. Owen of Morristown.

Dr. Ryerson spoke of his early training under Dr. Willard Parker, his experiences as a surgeon in the U. S. A., his early experiences as a practicing physician in a sparsely settled country community where professional assistance was almost unobtainable; Dr. Owen spoke of the advances in medical science due to research during the past half century, but said that some of the early methods of treatment still were often of decided benefit; and Dr. Harris gave a review of the earliest practitioners of medicine in Morris County, and showed how many of them were still represented throughout the county by their descendants, though few of them were identified with medicine. All three physicians agreed that precision in clinical diagnosis was less certain now when physicians relied to a much greater degree on laboratory aids than formerly.

A luncheon was served at Day's, and before the meeting adjourned a vote of thanks was given by the members to those who had so pleasingly entertained the Society.

Though an innovation, it was apparent that those present enjoyed listening to personal accounts of the practice of medicine in Morris County forty years ago and the references to many excellent physicians who have passed to the great beyond "where patients cease from troubling and the weary are at rest."

PASSAIC COUNTY.

Joseph H. Oram, M. D., Reporter.

The regular monthly meeting of the Passaic County Medical Society was held on January 13, 1914, in the Braum Building, with Dr. A. F. McBride in the chair. There were about thirty-five members present. Drs. Rosenthal, Huber and Di Palma were introduced as visitors. The minutes of the last meeting were read and approved.

Dr. William Spickers read a clinical report of a case in which he had removed an enlarged prostate; he also presented a specimen of an ovarian cyst upon which he had operated that afternoon.

Dr. Theo. T. Bender read an interesting paper on "Ictero-Anemia,," laying stress upon the differential diagnosis between this and other forms of anemia.

Dr. O. R. Hagen, who had expected to give a "sketch of Joseph Lister's life" asked to be excused until the next meeting.

Dr. J. C. McCoy exhibited a number of interesting cases, one of which was a young girl, whose right arm had been injured by a washing machine. The injury was very extensive, the humerus being fractured in two places and the intervening fragment split longitudinally; the musculo-spiral nerve was completely severed and the brachial artery was so compressed that the pulse could not be felt at the wrist. The fractures were Lane plated and the intervening fragment wrapped with chronic gut; the musculo-spiral nerve was united and instead of following the usual course it was brought vertically downward resting on the brachiale's antieus muscle; a clot which was found in the brachial artery was removed. At this time the patient had same movement in her arm and was making a good recovery.

The second case was that of a girl with a fractured olecranon which was to be operated upon in a few days.

Third case was that of a young man who had been treated in a hospital in a neighboring State for a fractured femur. The skiagraph taken antero-posteriorly showed no displacement but in the skiagraph taken laterally there was a marked deformity. This was to be operated upon.

The fourth case was that of a man who had received a blow on the chin, which was followed by facial paralysis.

Dr. McCoy showed skiagraphs of all the cases presented. He also exhibited a specimen of Hypernephroma of the kidney and spoke at some length on the subject.

Dr. G. B. Flood read a very interesting paper on "Prolapse of the Uterus."

A general discussion of the different papers and cases followed.

Resolutions on the death of Dr. James H. Curts were read and ordered to be entered on the minutes of the society and a copy sent to the family.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The December meeting of the Somerset County Society was held, as usual, at the Ten Eyck House, in Somerville, on Thursday, December 11, 1913, Dr. W. H. Merrill in the chair. Owing to a number of unavoidable circumstances the attendance was small, and was in the nature of an experience meeting, the members recounting any unusual or interesting cases coming under their care. The Society has had a number of such meetings in the past few years, all of which have been of exceeding interest and profit to the members, and we would recommend to sister societies an occasional meeting of this kind. It is well worth a trial. The application of Dr. R. F. Hegeman, of Somerville, was received and referred to the usual committee for approval. After appointing a committee to arrange for the program in February the meeting adjourned.

UNION COUNTY.

George Knauer, M. D., Reporter.

The regular meeting of the Union County Medical Society was held at the Elks' Club, Elizabeth, N. J., at 8:30 P. M. January 14, 1914. Dr. J. H. P. Conover, the president, was in the chair.

The minutes of the last meeting were read by the secretary and other business was postponed until after the reading of the paper.

The paper of the evening, entitled "The X-Ray Bismuth Meal in Diagnosis," was read by Dr. Walter A. Bastedo, of New York City. The paper was illustrated with lantern sildes and was greatly appreciated by those present.

The suggestion made at the last meeting that the meetings be held every two months instead of every three was put to a vote and the motion was lost.

The Milk Commission reports the remarkably low bacterial count of 400 for the milk from the Raritan Valley farms.

Dr. Ellis W. Hedges reported a case of typhoid fever which had run a course of fifty-three days and suddenly developed severe epigastric pain, which continually increased. Abdomen was distended and tympanitic excepting over the liver. There was also general abdominal tenderness. It was thought that there was a perforation and on operating no perforation was found, but a greatly distended stomach. Patient died of an acute gastric dilatation.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity

Walter B. Mount, M. D., Secretary.

On Monday evening, December 22nd, The Associated Physicians of Montclair and Vicinity held a meeting at the Montclair Club, the best meeting this season. The president, Dr. J. Corwin Mabey, occupied the chair.

Dr. Alexander Lambert, Professor of Clinical Medicine, Cornell University Medical College, read a paper on "Myocarditis." He succinctly presented the etiology, pathology, symptoms, physical signs and treatment of myocarditis. He emphasized the fact that myocarditis is not an inflammation but primarily a degeneration—cloudy degeneration, or fibrous infiltration, or fatty infiltration or degeneration. Brown induration occurs in the elderly with sclerosis of the arteries.

In order of frequency, the etiology is: Rheumatism, syphilis, diphtheria, influenza, and other causes. By rheumatism Dr. Lambert means an infection of the large joints, not gouty, caused possibly by the bacillus of Poynton and Payne and yielding to the salicylates. In diphtheritic myocarditis the nucleus is often affected, as well as the heart muscle cell, which means that those cells can never again functionate. Therefore is diphtheria such a treacherous disease for the heart.

Among the symptoms and signs are dyspnoea, dizziness, pain anywhere from the occiput to the abdomen, increased size of the heart, slightly changed heart sounds, irregularities, rapid rate, anginal attacks, etc. In the diagnosis murmurs are not so important as the size of the heart and its behavior under slight or greater stress or even at rest.

The treatment is rest in bed, heart stimulants in many cases, especially digitalis; for rheumatism, the salicylates; for diphtheria, antitoxin; for syphilis, salvarsan and mercury, which will produce very marked results.

JANUARY MEETING.

On Monday evening, January 26th, The Associated Physicians of Montclair and Vicinity held their regular monthly meeting at the Montclair Club, the president, Dr. J. Corwin Mabey in the chair. The guest of the evening was Dr. Karl M. Vogel, Professor of Clinical Pathology at the College of Physicians and Surgeons, Columbia University. His paper was entitled "Newer Standpoints in the Diagnosis and Treatment of Anaemia" The speaker suggested that a better expression to indicate the attitude of mind with which a clinical study of the blood should be approached would be something like "The Study of the Blood in the Physical Diagnosis of Disease." The paper abounded in interesting points too numerous to mention, and it was listened to with close attention by the 26 members present. There followed a discussion of certain points, opened by Dr. Love and continued by Drs. Mount, Hanan, Moore, Wilson, and Vogel. Later, the usual buffet supper was served.

This most excellent paper will be published in one of the journals in the near future.

On next Monday, February 2nd, there will be aspecial meeting of the Society, when Dr. James S. Brown, of Montclair, will read a paper on "Oblique Fractures of the Long Bones," illustrated by a lantern slide demonstration of numerous x-ray plates and some photographs.

Bayonne Medical Society.

M. T Marshak, M. D., Secretary.

A meeting of the Bayonne Medical Society was held at the home of Dr. W. W. Brooke. Dr. Harlow Brooks, of New York, and Drs. Forman, Cosgrove and Miner of Jersey City were present as guests of the society.

The following cases were reported and discussions held thereon:

By Dr. Brooke—A case of suppurative dachyro-cystitis of staphloccic origin in a child seven years old "Never heard of a case so young." He also brought up the question of the aid of X-ray in accurate diagnosis, citing the following case. 1. A case where X-ray showed adhesions around the pyloris, ilium and caecum. On operation the duodenum was markedly bound down, ilium angulated and appendix bound down. 2. A case of Lane's kink and adhesions around caecum shown by X-ray. Operation showed Lane's kink and Jacksonian membrane.

By Dr. D. Miner, Jersey City—A case of periodic dyspnea; diagnosis of mediastinal growth made from symptomatology, not from physical findings. X-ray by Dr. Axford showed such a growth. Dr. Axford thinks that this growth is probably a persistent thymus.

By Dr. J. J. Hunt—A case of perforating duodenal ulcer; severe pain, tenderness over the appendix region, no increase of temperature or pulse count. Next morning showed symptoms of peritonitis. On operation a few hours later found perforation.

By Dr. H. S. Forman, of Jersey City—A case of periodical headaches in a soldier, onset while in Alaska. A Wassermann taken in San Francisco was negative. Iodides caused improvement. Was then detailed to the Philippines. One year later headache returned and he developed a spastic gait in the right leg and inability to use right arm. Was retired on half pay by the army board. Last month, pain in the head returned and gait and inability to use right arm were worse. A Wassermann was made and was found four plus. This case was brought up to show a marked improvement one week after the use of 606 and to wonder why a positive diagnosis had not been made before.

By Dr. M. A. Swiney—A case of prenatal in-

terstitial nephritis. Baby lived a few seconds after birth. Delivery by breach extraction. Very small quantity of liquor amnii. Abdomen of child three times as large as normal, two large masses present on palpation. Hydrocephalus to some extent. Cord friable, placenta twice the normal size and very friable. Autopsy showed heart normal, kidneys right 170 grms., left 190 grms., normal adult 120 grms. No pelvis present, medulla consists of scarlet tissue and very large size cysts; one-half inch of brain substance, ventricles contain one-quart of serous fluid, brain substance fatty and friable.

By Dr. A. C. Forman, of Bayonne—A case of nitric acid burn temporarily dressed with picric acid, then normal saline; in forty-eight hours had scarlatinaform rash. No symptoms of scarlet fever. Rash over body, none on extremities. Dermatitis probably due to picric acid.

Dr. Harlow Brooks, of New York, then read the paper of the evening, entitled "Clinical Significance of Blood Pressure Studies." A few of the things he spoke of were: Instruments should have a stiff leather arm piece, four to five inches in depth, tube from cuff to manometer should be in elastic, cuff should be applied at the level of the heart. Auscultatory method better, but cannot be used in aortic lesions. Blood pressure useful in diagnosis, if taken into consideration with other factors. He compared the use of the sphymomanometer to that of the thermometer, a single reading being of little value. Pressure less when lying than in sitting or standing, lower during sleep. Same holds true whether hypo- or hyper-tension be present, greatest depression about two hours after falling asleep, recovered to normal by morning. Psychic states increase pressure most, even as high as 100 mm. Diastolic pressure least affected, change may come on very suddenly. Worry and melancholia increase pressure. Pain at first increases then decreases pressure. Alcohol, except in long-standing cases or an overdose, has no effect; tobacco about the same. Exercise causes small increase, at point of exhaustion causes a fall. Rest brings pressure down to normal when hypertension and up to normal when hypotension. In laborers and physical workers average pressure is 120; in mental workers with hesponsibility or under high tension, average pressure from 140 to 160. There may be wide and frequent changes without organic trouble. Anemia as a rule causes no change. Kidney: Parenchymatous disease causes small change, interstitial disease causes hypertension, cerebral compression causes hypertension. Arterio-sclerosis may cause hyper- or hypotension. Arteriocapillary fibrosis causes hypertension. Toxemias cause hypotension. Exhaustion causes hypotension. Tuberculosis and convalescence from typhoid, also surgical shock, cause hypotension. In hypertension if you get a sudden and persistent drop, it is dangerous. If you attempt to reduce pressure in chronic interstitial nephritis you may get suppression of urine or collapsed cardio-vascular mechanism. Cases of hypertension have no greater mortality than normal. In cases of long standing, hypertension cannot reduce. Drugs only effective in massive and dangerous doses. He treats these cases by removal of cause, rest and recreation; has reduced from 200 to 160 by this method. In cerebral hyperemia it is dangerous to reduce pressure rapidly with drugs; it may cause collapse. Best to use phlebotomy. This keeps pressure down for a long time and is not dangerous; has seen reduction from 300 to 200 for many months. May also use hot or warm baths. These will reduce headaches due to high tension. Mental distraction, violet ray, rest, play, genial conversation and postural rest are all useful methods. If posture causes pain or dyspnea better not to use it. Drugs may be used for transient effect.

Iodides should be used in hepatic cirrhosis and arteriocapillary fibrosis. Nitroglycerin and the nitrites in sudden rise, as in angina and in severe migraine of recent origin. Erythrotetranitrate, the effect comes on rapidly and lasts for twenty-four hours. Chloral is especially valuable, it allays restlessness and causes a rapid and quite marked fall which lasts for some time. Bromides are especially useful in psychical overstimulation. Other drugs should be used only for a short time symptomatically. Saline cathartics by reducing fluids and causing exhaustion may be dangerous in chronic cases. Mercurials may be used in arteriocapillary fibrosis and liver cirrhosis. Tea and coffee may cause increased excretion. Salt causes retention of fluids. Recent hypertension readily responds to drugs.

Dr. Miller, of Jersey City, uses the sphymomanometer as an aid to diagnosis. Found number of apparently sound adults with 110 to 115, and found on examination T. B. Cited case with pressure of 250; when depressors were given, the patient collapsed. Later he left patient alone and when headache was severe gave mag. sulph., starvation diet and rest in bed. In pregnancy found no relation between albumen and pressure curve.

Dr. Forman, of Jersey City, spoke especially of failure of depressing pressure in chronic cases of hypertension. He extolled the use of chloral and hot baths in these cases. In improved cases he rarely found marked decrese in pressure. At "cures" and "baths,' the rest, change of scene, effect of strict regime, warm baths and systematic exercise combine in relieving patients who go there.

Dr. S. A. Cosgrove, of Jersey City, stated that the blood pressure has no absolute standards and that it is usually a mere detail in a symptom complex. He also spoke of exhaustion and depressive psychasthenias and their effect upon pressure.

Dr. F. M. Corwin spoke of having to give stimulants in hypertension when dilators had produced havoc.

Dr. G. H .Sexsmith spoke of Dr. Bloodgoods paper on "Blood Pressure and Operations." Of how patients getting local anesthesia have not as great a rise as those with general anesthesia. When picking up the ommentum, blood pressure dropped to 70.

Dr. S. R. Woodruff said that it appealed to him that hypertension was a surgical disease. He compared pus under pressure to blood under pressure, also incision and drainage to phlebotomy.

Dr. W. W. Riha spoke of maniacal cases and how their pressure and symptoms are now being relieved in all asylums and institutions for insane by continuous warm baths instead of paraldehyde and other drugs.

Dr. Harlow Brooks, in closing the discussion, said that blood pressure findings will often give a clue to diagnosis when nothing else will. High

blood pressure may be physiological and compensatory. Average neurotic women when under examination will reach over 140; therefore it is not always dangerous. He considers digitalis the best drug in hypertension. Blood pressure should be used in the study of the individual, not of a disease. Neudheim baths may just as well be given at home if we can get patients to do what they do there. Low blood pressure study is very important, but he has no definite plan of thought on that subject as yet. In speaking of Dr. Bloodgood, he said that he (Bloodgood) was actually doing a physiological study of blood pressure in his work, and that in stimulating splanchnics there was sometimes a fall and sometimes a rise, there being no rule of conduct marked out here. In pregnancy, a gradual, persistent ascent should be watched. Hypotension here is dangerous.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

A regular meeting of the Morristown Medical Club was held at Day's, Morristown, on December 17, 1913. Dr. George H. Foster, of Rockaway, was the host of the evening. About twenty-five were present.

Dr. Garside, of Fordham University, gave a very interesting address on the Therapeusis of Cancer. The doctor's paper was a review of the different methods advocated in the treatment of cancer, together with a presentation of the pathological findings following each line of treatment.

The discussion was general. The consensus of opinion was that the proper method of treatment of all operable conditions was by means of surgery, and that what we knew of radium and x-rays was not sufficient to allow us to advise these means as a general remedial measure, though persons were benefited by them and cases occasionally changed from inoperable to operable by their employment. Colle's fluid and pastes were not considered to have been valuable often.

Newark Medical League.

The tenth anniversary of the Newark Medical League was observed with a banquet and entertainment recently at the Washington Restaurant. Dr. David A. Kraker acted as toastmaster.

After an introductory address by Dr. Louis L. Davidson, the president, an address on the history of the league was made by Dr. Max Danzis. "The Embryo Physician in Quest of His Diploma" formed the subject of an address by Dr. Nathaniel G. Price. "Medical Odds and Ends," by Dr. Louis Weiss, and a talk on "Progress in Medicine," by Dr. Clement J. Hailperin, ended the affair.

Dr. Davidson was re-elected president. Other officers chosen were: Vice-president, Dr. Hailperin; secretary, Dr. H. S. Emil, and treasurer. Dr. I. L. Rittig. About sixty members, together with their wives and friends, were present.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at Overlook Hospital on Friday, December 26th, at 8:30 P. M., Dr. Wellington Campbell entertaining, and Dr. Eliot Gorton in the chair.

The following members were present: Drs. Bebout, Campbell, Gorton, Hamill, Lawrence, Bowles, Wolfe, Prout, Lamson, Meigh, Baker, Smalley, Krouse, English, Keeney and Moister, and Drs. Bramley and O'Reilly, of Summit, as guests.

Dr. F. C. Jones, of Basking Ridge, was uanimously elected a member of the Society.

The committee appointed at the last annual dinner to represent the Society in the matter of the acquiring of Overlook Hospital by the citizens of Summit, consisting of Drs. Prout, Meigh and Lamson, was enlarged so as to include Dr. Hamill. The committee reported that they had met with a committee of the Summit Hospital Association which had been investigating the probable expense of acquiring Overlook Hospital, and that they desired further recommendations from the Medical Society to present at a future conference. The following resolution was unanimously passed:

"At a meeting of the Summit Medical Society, held December 26th, 1913, it was

"RESOLVED, That the physicians practicing in Summit and vicinity feel that the management of Overlook Hospital should be assumed by the citizens of Summit, and that the physicians of Summit and the surrounding country hereby pledge their hearty support to the hospital under such management. The Society further feels that this action is in the best interests of the community and its advancement from a medical standpoint."

There was no formal paper presented, but the evening was devoted to exhibition of cases by Dr. William H. Lawrence. The cases were as follows:

First—A girl seven years of age. When one year old she had an enormous abdominal tumor, size of a watermelon, which was diagnosed as a cyst of the left kidney. This was punctured and drained several times, but was of too adherent a character to be removed. After five or six such operations, the cyst was finally removed in its entirety, together with the left kidney, five years ago. She was in the hospital for two years and is now perfectly well.

Second—Man, ten years ago had chronic empyema with compression of the lung. Extreme emaciation, but no tubercle bacilli in sputum. The empyema was drained several times and finally the resection of the right chest from the second to the ninth rib was done and the space in the pleural cavity was obliterated. He made a perfect recovery and has been working at his trade for the past year.

Third—Girl, twenty-one years of age, who had been an invalid from her second to her eighteenth year on account of an abscess following scarlet fever, located in the pelvis, perforating through the back and giving rise to a lumbar fecal fistula. There was a necrosis of the crest of the ilium, and destruction of the nerves on the left side, with a consequent paralysis of the left leg, degeneration of the muscles and occasional ulceration of the foot. She was greatly emaciated, anemic and had a waxy pallor. Three years ago—that is, when she was eighteen years of age—the fistula was opened and found to open in the transverse colon. The opening was made into the bowel from the anterior abdom-

inal wall, and the bowel drained, and a second fecal fistula developed there also. At a second operation, an anastamosis was made between the head of the caecum and rectum. The lumbar opening gradually closed. At a third operation the whole transverse colon was resected. The anterior fistula then closed gradually, and bowel movements took place in natural manner. At a fourth operation the left leg was amputated just below the thigh, and a false leg provided. The patient is now perfectly well and is doing stenography.

Fourth—A man who has a cyst of the parotid gland in front of the left ear, which had been opened through a mistaken diagnosis, leaving a parotid fistula so that sometimes a cupful of saliva would run out on the cheek during a meal. At operation, a flap of mucous membrane extending from the angle of the mouth to the second molar tooth was inverted through the cheek into the parotid gland and kept patemt by silver wire and thus a new Steno's duct was formed by this plastic method. There has been no leakage externally now for two years.

Fifth—Boy who had been shot in the buttock and who had slightly bloody urine. The x-ray showed the bullet lying either in or anterior to the bladder. The wound was probed from behind, but no peritoneum entrance could be found nor could the bullet be located. The boy was put to bed, the wound healed and he left the hospital in two weeks. Two weeks later he came back, complaining of intense dysuria, and the bullet was found lodged in the fossa navicularis, whence it was removed by meatotomy. It had probably ulcerated through from the prostate gland.

Sixth—Boy shot through the anterior abdominal wall with a 22 bullet. The abdomen was found filled with blood, with nine perforations in the small intestine. These were closed up, the bullet was located in the rectum and extracted. Perfect recovery in three weeks.

Seventh—Man, blacksmith, who was working in front of a horizontal emery wheel which broke and one of the flying pieces hit him in the side of the abdomen, causing a wound four by six inches. At operation, which was done immediately, the two lower ribs were found shattered, there was a two-inch wound in the hepatic flexure of the colon, a piece of the liver, size of a hand, was torn off, and the right kidney was shattered. The liver was replaced and sutured, the right kidney was removed and the colon sewed up, and a stone was also removed from the left ureter at the same time, and the wound closed up. A fecal fistula persisted for some weeks, but he made a subsequent perfect recovery.

Eighth—A man with fracture of the patella, treated by modified Blake's operation, with a resulting perfect bony union. He was a letter carrier, and walks eighteen miles a day.

Ninth—Man with fracture of both bones of the forearm, which had not united for five months. At operation the Lane's plates were used with perfect result. Dr. Lawrence insisted that the technique in such operations must be absolutely perfect, the gloved hand not being allowed to enter the wound, in order to get good results.

Tenth—A man, five months ago extensor surface of the left forearm was torn away in machinery. Ordinary skin-grafting methods could not be applied on account of the great loss of substance, therefore two ten-inch incisions were made in the abdominal wall, a flap including skin and subcutaneous tissue down to the muscles, was elevated and the arm put through this sling as through a muff, and the abdominal flap was sewed to the edges of the wound on the arm. In ten days the upper part of the flap was released and a few days later the lower part also. The arm was now perfectly free, and in a few weeks the whole flap was perfectly united to the forearm with a subsequent perfect function.

Eleventh—Man shot in the left side of the forehead with 22-calibre bullet, with oozing of brain substance. Wound passed through the frontal lobe in the direction of the right ear, just anterior to the motor area. A drainage tube was inserted for ten days. The x-ray located the bullet on the opposite side of the head. Trephining was done and the bullet was found embedded in the trephining button. Recovery was perfect.

The meeting adjourned and refreshments were served.

Lectures Before the Associated Physicians of Montclair and Vicinity.

February 23—Dr. Charles H. Peck, Professor of Surgery, College of Physicians and Surgeons, Columbia University. Subject, "Surgery of the Large Intestine."

March 23—Dr. Royal S. Copeland, Dean and Professor of Ophthalmology, New York Homeopathic Medical College and Flower Hospital. Subject, "Eye Symptoms and Conditions of Importance to the General Practitioner."

April 27—Dr. Walter B. James, Professor of Clinical Medicine, College of Physicians and Surgeons, New York. Subject, "Heart Disease."

May 25—Dr. August Hoch, Director of the Psychiatric Institute of the State Hospitals, Ward's Island, New York City; Professor of Clinical Medicine, Cornell University Medical College. Title to be announced.

These meetings are to be held at the Montclair Club.

Berlin University Elects a Woman Professor.

Dr. Rahel Hirsch has been elected to a professorship at the faculty of Medicine in Berlin. It is the first time a woman has achieved this honor. She is 43 years old and has been for ten years a surgeon at the Charity hospital in Berlin,

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Ex-Mayor McBride, M. D., Honored.

At a dinner given in the Hamilton Club January 8th in honor of former Mayor Dr. Andrew F. McBride, and his six years of service to Paterson, a large silver loving cup was presented to him and much praise bestowed. Former Governor John W. Griggs was toastmaster and the other speakers included William B. Gourley, former Judge Francis Scott, Judge Joseph W. Congdon, George Wurts, former Mayor Nathan Barnert and the guest of the evening.

A Very Important Question.

HAVE YOU SENT YOUR DUES TO THE TREASURER OF YOUR COUNTY SOCIETY? IF NOT, PLEASE DO SO TO-DAY.

THE JOURNAL
OF THE
Medical Society of New Jersey

FEBRUARY, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

PUBLICATION COMMITTEE:

Wm. J. Chandler, M. D., Chairman, South Orange
Edward J. Ill, M. D., Newark.
Ellis W Hedges, M. D., Plainfield.

ARE YOUR DUES PAID?

The printing of our State Society's Official List of officers, permanent delegates and members of County Societies has been delayed by the fact that more than one hundred members have failed to pay their annual dues within the time the Society specified. Believing that their non-payment has been an oversight, it has been decided to withhold the publication until the March issue of our Journal, but the *dues must be in the hands of the treasurer of the State Society not later than February 15th.*

We are pleased to report that the names of many new members have been enrolled, but we do not wish to drop the name of any of our old members and, therefore, we emphasize the importance of *prompt payment* of dues. We remind all now in arrears that they are not entitled to Medical Defense or the Journal, nor are they regarded by the State Society or the A. M. A. as in good and regular standing in the County, State or National Medical Societies until their dues are paid.

We want every reputable physician in the State enrolled in his County Society and in the State Society. We believe such enrollment is needed by the individual physician who seeks it both for his own and his fellow-members' good and we know the profession needs his enrollment for its own and the public's good.

We note that the vast majority of our members have acquiesced in the decision of the State Society last year to raise the dues for 1914 from two to three dollars. It was necessary in order to meet increased expenses—especially those of medical defense. We believe the three dollars dues is now the lowest of any State Society—most are five and one is twelve dollars. Missouri has just raised its dues to three dollars. See the editorial from its Journal on this page.

OUR ANNUAL MEETING.

After an unusually difficult and persistent effort to select date and place for the next annual meeting of our State Society we are pleased to announce that it will be

Monday, Tuesday and Wednesday, June 29th and 30th and July 1st, at the Monmouth Hotel, Spring Lake.

The difficulty was caused by the A. M. A.'s decision to hold its annual meeting June 22-26, the same week we had previously decided upon for our meeting, and by our inability to make any satisfactory arrangements for an earlier date. We hope all will be satisfied with the date and resolve to attend, and as to the place we doubt not it will be acceptable. The New Monmouth managers want us—their actions this year, involving some sacrifice, thoroughly demonstrate that fact, and we want to go there because they have always served us well and generously.

CARE OF THE FEEBLE-MINDED.

We call attention to Dr. L. M. Halsey's paper on page 73. It is worthy of the consideration of every physician and every good citizen who desires the welfare of this large and increasing class of defectives he refers to and the welfare of our State.

A few months ago, with other physicians we visited the State institution at Vineland, of which Dr. Hallowell is superintendent, and it was our great privilege to have her explain, somewhat in detail, the wonderful work that institution is doing, as she led us to the splendidly equipped model hospital building; to the gymnasium where we saw the inmates exercising; to the rooms where they were making carpets, rugs, embroidery

and other articles, etc.; to the chapel where we listened to the fine orchestra and singing by inmates; to the room where she exhibited and explained the different types of feeble-mindedness and, best of all, told us of the excellent results of the scientific and practical treatment of the inmates. It was a revelation to us.

We came to these, among other, conclusions: That Dr. Hallowell is the right person in the right place, a woman thoroughly qualified scientifically for this great work and a woman of remarkable executive ability; that her assistants were well qualified for their work; that the cost was remarkably small—304 inmates of all grades for whose care the State paid only $230 per capita per annum. We doubt if the State has any institution doing more important, better, more successful work and at such small cost. We were fully convinced that the State should largely extend its work for the feeble-minded, that this institution was the best place for the extension and that the female children as well as women should be cared for there, that the increase in number of the feeble-minded and the progress of defectiveness might be arrested and the sad results of neglected care and treatment may be prevented.

Don't let us multiply institutions but enlarge existing ones and make adequate appropriations to maintain them. Every dollar expended on such economically and efficiently conducted institutions as this one at Vineland means vastly more saved by the State during the years to come. Every physician and every good citizen, as they recognize the facts that about one out of every 300 of the population is feeble-minded and that the proportion is increasing, ought to consider carefully what Dr. Halsey says and we believe ought to advocate and urge that the State shall largely bear the financial burden of the care of its defectives. The State has to a great extent removed the burden from private charity in the great campaign against tuberculosis, why not in this case when the State is largely responsible for the ever-increasing number of the feeble-minded? We profess to believe that *Prevention is better than Cure.* Let us therefore study the needs and work for the removal of the evils which cause this large and increasing number of defectives.

Please do not forget to send your dues today, if not yet paid.

It is with great pleasure we announce the receipt of an abstract of the Oration in Medicine prepared by Prof. Martin H. Fischer, M. D., of the University of Cincinnati, Ohio, for our annual meeting last year, which he was prevented from delivering by a very severe illness requiring a surgical operation. His long illness and an extraordinary pressure of work since has caused delay in putting it in the condition he desired. It is a valuable contribution to our Journal at this time and it will appear in our March issue. We had hoped to have him present at this year's annual meeting and exceedingly regret his inability to be with us for the reason given in his communication which will be found in another column.

State Dues for 1914 Are $3 per Member.

From the Missouri State Medical Journal.

A few members have forgotten the announcement that the state dues had been raised from $2 to $3, so we take this opportunity to repeat the information, and we trust there will be no further misunderstanding on this point. There are still some members who have not paid their dues. We urge these delinquent members to remove this deficiency at once, as it is necessary for all members to pay dues every year in order to maintain good standing and secure the benefit of the defense fund, subscription to The Journal, Fellowship in the American Medical Association and insertion of their names in capital letters in the Directory of the A. M. A.

It is well that the dues were raised, for the defense benefit alone has taxed the treasury to a far greater extent than in any previous year and the expenses are still increasing. The cases are more numerous than formerly, because the members have come to realize that the defense committee renders a protective service that could not be offered through any other means. Attorneys fees are not as modest as in former years—whether due to the high cost of living we will not hazard a guess—and the volume of correspondence and, therefore, clerical hire, are correspondingly greater. In every other department the work of the Association has taxed the facilities at the headquaters, but we are glad to say the members are responding with enthusiastic support to the activities which the Association has undertaken in extending the influence of the profession among the people and raising the standard of practice, as well as drawing the line of demarcation between reputable practitioners and quacks and charlatans.

"The heart that is truly happy never grows old."

There are loyal hearts, there are spirits brave,
There are souls that are pure and true;
Then give to the world the best you have
And the best will come to you.

—Madeline S. Bridges.

Let us have faith that right makes might and in that faith let us dare to do our duty as we understand it.—Lincoln.

Correspondence.

Dr. M. H. Fischer's Oration.

Cincinnati, Jan. 24, 1914.

Dr. David C. English,
New Brunswick, N. J.

Dear Dr. English:

I am sending you herewith the long-promised manuscript and hope that pressure of much work will be excuse for my delay. Will you kindly send me proof sheets of the article for me to look over and correct? They shall be returned within twenty-four hours after their arrival.

It is a source of great regret to me that I cannot take part in the New Jersey Medical Meeting this June. The date is set for so late in the month that on account of several engagements in California I shall not be able to wait for it.

With kindest personal regards,
Very sincerely yours,
Martin H. Fischer.

MISCELLANEOUS ITEMS

Received Too Late for Insertion Under Usual Headings.

Physicians on Legislative Committee.

Dr. William E. Ramsay, Senator, Middlesex County: Chairman of Committees—Bank and Insurance; Labor and Industry; Militia; Stationery and Incedental Expenses. Also the following Committees: On Appropriation; Public Health; on Joint Committees: New Jersey Reformatory; Soldiers' Home; State Hospitals.

Dr. Isaac Barber, Senator, Warren County: Chairman of Committee on Public Health. Also on the following Committees: Stationery and Incidental Expenses, and the following Joint Committees: Home for Freeble-Minded Children; Sanatorium for Tuberculosis Disease; State Hospitals; State Village for Epileptics.

Dr. Henry O. Carhart, Assemblyman, Warren County: Chairman of Committee on Public Health. Also a member of the following Committees: Game and Fish; Ways and Means; Sanatorium for Tuberculosis Diseases; School for Feeble-Minded Children; State Prisons.

Elizabeth Medical Library Association.

At the second annual meeting of the Elizabeth Medical Library Association held January 22, 1914, in the Public Library Building, at South Broad street and Rahway avenue, Dr. Stephen J. Keefe was chosen president to succeed Dr. J. P. Reilly, who led the association in its first year of existence. Other officers elected were: Vice-president, Dr. Charles H. Schlichter; secretary and treasurer, Dr. George Knauer; trustees, Dr. Otto Wagner and Dr. Norton L. Wilson.

This association, which was organized a year ago, is working to build up an exhaustive library of medical works to be located in the Public Library Building. At present the association has a large number of volumes and the us the possession of him, and are some of them soliciting the loan of his services to aid them in their battle with the ills to which the flesh is library is being added to constantly. The members consists of about thirty doctors in the city. The membership is open to doctors, dentists, pharmacists and chemists, and books relating to all branches will be included in the library. The association meets at the Public Library Building which has been made headquarters.

Dr. Emma C. Clark, Dover, medical inspector of the local schools, addressed the mothers of the Southside Home and School Association on the health, habits, food and clothing of children, on January 21st.

Dr. J. Willard Farrow, Dover, is foreman of the Morris County Grand Jury. He has also been elected a trustee of the local public library association.

Dr. Eugene H. Goldberg, Kearny, has been elected a director and vice-president of the West Hudson Business Men's Hygeia Ice Company.

Dr. Herman H. C. Herold, Newark, has been recently elected president of the Newark Board of Health for the nineteenth consecutive term.

Drs. E. Marvel and Conaway, Atlantic City, recently attended Dr. J. C. McCoy's clinic in the Paterson General Hospital.

Dr. Gilbert Van Vranken, Passaic, is spending the winter months in California.

Editorials from the Lay Press.

Colonel Gorgas for Surgeon-General.

(From the New York Tribune.)

No dissenting voice will be raised against the President's nomination of Colonel Gorgas for surgeon-general of the army. On the contrary, there will be general approval of an act of exemplary fitness. By his elimination of yellow fever from Panama, his great suppression of malarial diseases, his successful administrative control of a peculiarly delicate and difficult situation—in brief, his transformation, in spite of itself, of one of the worst of plague spots into a healthy region—he has shown precisely the scientific skill and the executive efficiency which should make him an ideal head of the army's health department. So much for simple merit; while if ever any one has earned high promotion by fidelity in arduous toil and in reality and value of results he is the man.

Ten years ago the people of Panama were laughing at the burlesques of him and his work which were presented by festival maskers in the streets; though their fun was good-natured and was mingled with serious recognition of the immense importance of his services. To-day other nations throughout the world are envying heir. It is well that he should be the object of appreciation in his own country and that opportunity should be given for the further utilization of his services here, to the widest extent and to the highest degree.

Nor should it be forgotten that Colonel Gorgas it not, after all, any unique phenomenon, but rather merely a distinguished example of the capacity, devotion and efficiency which abundantly mark that branch of the public service which too many foolishly and unjustly think of us intended merely for the slaughtering of mankind. His superb achievements—like

those of his colleague, Colonel Goethals—are to be credited not only to his academic knowledge and professional skill, but also in a marked degree to his military training and methods. Not in spite of but because of the fact that they are soldiers have he and the others been able to do these great things at Panama. Indeed, we may doubt if these things would have been done at all, unless after much longer time and much greater cost, if the army had not been set to do them.

Radium Publicity.

From the Bayonne Times, January 16th.

The public would have been very indignant if a professional code had assailed Dr. Howard A. Kelly, of Baltimore, who has been conducting a series of most interesting experiments in the treatment of cancer with radium, and apparently has come under the displeasure of some of the Baltimore medical men because they think he has talked too much. No doubt the medical people are right in most cases of the sort, but certainly the public at large has found Dr. Kelly's pronouncements of the deepest interest.

Exactly where the line is to be drawn between a proper presentation of interesting facts to the public and the exploitation of practitioner's work has never been made very clear. The ethics of the medical profession demand great conservatism in the matter of publicity, and, indeed, scientific people in general are wont to presume that the public at large is not quite capable of understanding what they are about.

In the scientific work of the government in Washington it is not infrequently observed that men handling affairs of the utmost interest and concern to the community in general shun publicity that would seem perfectly proper. Doubtless the efforts of popular writers to summarize the things and scientific men are doing frequently grieve the scientists by reason of inaccuracies that might sound ridiculous to other scientists. But the scientists ought not to be too insistent. Their work is really for the community in general, and it is quite as well for the community to get fairly good general idea of what is doing as to be kept entirely in the dark.

Dr. Kelly's best justification for talking about radium work is that everybody wanted to hear from him about it. The subject is a tremendously big and important one, and the public will stand by the men who want to give it the utmost illumination.

A Triumph of 1913.

From the N. Y. Evening Mail.

Investments may be depressed, and "hysteria" may flourish, but human welfare and happiness manage to advance just the same. Every year records the attainment of a mastery over same new curse of the human body.

The year 1913 will be memorable for the demonstration that radium will positively cure cancer. When a physician like Dr. Robert Abbe positively announces that radium works this wonder, there is no chance for the layman to doubt.

Everybody knows how great a plague, how terrible a curse, this disease has become to modern society. While the ravages of other diseases have been for the most part abated, the mortality from cancer has steadily and rapidly increased. In 1850 there were but nine deaths from cancer per 100,000 of population in the United States. In 1906 there were seventy per 100,000; in 1911 the rate was 74. In 1911 there were 44,024 deaths from cancer in the United States, against 20,171 in 1901.

Science has been powerless before this terrible scourge. But at last it appears to yield to that seemingly miraculous substance, which diffuses itself through organized nature like the divine kindness that so mysteriously and beneficiently fills all the earth.

If radium is a demonstrated cure for cancer, a new and powerful argument has been developed for the governmental provision of this wonderful metallic element. Can we conceive that speculators should be able to forestall the production and sale of a substance which has such vital importance to the human race?

New Jersey is in the first rank, so far as medical standards are concerned, according to the report of the State Board of Medical Examiners for the year. The board has fully maintained the high academic, medical, moral and examing standard that has been established in the past and it is gratified at the present condition of the medical profession in this State.

During the year medical licenses were granted to 168 physicians, of whom eighteen per cent. held scientific or literary degrees. The rejections of applicants during the year amounted to about 6 per cent. Fifty-two applicants for midwifery were examined and thirty-seven were granted licenses. Out of thirty-two applications for licenses to practice chiropody eighteen were granted. There was but one application for an osteopathic license and this was granted.

Therapeutic Notes.

Arteriosclerosis—Normal Serum.

Dr. Trunecek suggests a serum to be used subcutaneously in arteriosclerosis, as follows:

℞ Sodium chloride, 10 gr.
Sodium sulphate, 1 gr.
Calcium phosphate,
Magnesium phosphate, each 0.75 gr.
Sodium carbonate, 0.40 gr.
Sodium phosphate, 0.30 gr.

One gram of this is dissolved in 15 c.c. of sterile distilled water. Treatment is begun by hypodermic injections in the region of the buttocks of 2 c.c. of the solution every other day, being increased in amount by 1 c.c. each injection until the dose of 8 c.c. is reached. The mixture has also been given per rectum or by the mouth.—American Practitioner.

Bronchitis - Chronic.

℞ Chloroformi, ʒss.
Creasoti,
Terebeni,
Olei pini sylvestris, of each, ʒiss.
Alcoholis, q. s. ad ℥j.

M. Sig.: From 5 to 20 drops to be used in inhaler several times a day. (Merck's Archives.)

Cough—Excessive.

The excessive cough accompanying chronic bronchitis or consumption is often greatly re-

lieved by ingestion of cyanide of potassium, which is best given in the following combination:

℞ Potassium cyanide, gr. ij.
Morphine sulphate, gr. j.
Syrup of wild cherry, enough to make ℥iij.

Mix and direct a teaspoonful 3 to 5 times a day.—Hare, in Med. World.

Ichthyosis.

℞ Resorcinolis, gr. xv.
Aquae, Mxxx.
Lani, ℥v.
Petrolati, ʒiij.
Olei lavandulae, gtt. vj.

M. Sig.: Rub in twice a day.—Merck's Archives.

Myocardial Disease—Acute.

Sevestre, in Paris medical, is credited with the following combination, to be administered to children in whom the heart action becomes feeble or actual collapse supervenes in the course of infections such as diphtheria, typhoid fever, etc.:

℞ Caffeinae.
Sodii benzoatis, aa gr. xxv (1.6 gm.).
Spiritus sacchari, ʒiiss (10 gm.).
Syrupi tolutani, ℥iss (50 gm.).
Aquae destillatae, ℥ij (60 gm.).

M. Sig.: One tablespoonful twice a day.—N. Y. Med. Jour.

Oxaluria.

The following has been found useful where there is anemia and nervous atony:

℞ Acidi hydrochloridi diluti, f℥ss.
Tinct. ferri chloridi, fʒij.
Syrupi, f℥iiss.
Aquae, q. s. ad f℥viij.

M. Sig.: Tablespoonful three times a day through a glass tube.—Hazard, in Merck's Archives.

Pharyngeal Cough.

℞ Betanaphtholis, gr. iij.
Sodii boratis, ℥ss.
Aquae menthae piperitae, fʒvij.
Aquae, q. s. ad f℥xxxv.

M. et fiat gargarisma.

If any inflammatory condition is present, the pharynx should be swabbed with the following:

℞ Cocainae hydrochloridi, gr. ij.
Resorcinolis, gr. xv.
Glycerini, f℥j.

M. et fiat collutorium.

—A. Robin, in Merck's Archives.

Peritonitis—Tuberculosis.

Dr. H. Lawrie, in the British Medical Journal, cites two apparently hopeless cases of tuberculous peritonitis, in which the following mixture was very beneficial:

℞ Calcii carbonatis (precip.), ʒii.
Olei creosoti, Mxxxii.
Mucilaginis tragacanthi q. s.
Potassii iodidi, gr. xvi.
Saccharini, gr. viii.
Olei menthae pip. vel anisi, Mv.
Aq. ad, ℥viii.

Dose—Two drams every four hours for a child of five years.

Tincture of opium or compound tincture of camphor may be added for the relief of pain and diorrhea, if present. The patients were two boys, aged three and five years, respectively. The younger had large, easily palpable masses in his bulging abdomen, and all the other symptoms well developed. He had been ill for a long time, gradually getting worse, and his parents had been informed that there was little or no hope of recovery. The elder, Lawrie saw eighteen months ago; the intestines and peritoneal glands were matted into one mass about the size of a small football, somewhat irregular in outline, and not only palpable but observable under the abdominal wall. The boy took the mixture, supplemented by petroleum emulsion. A diet of easily digested food, principally of milk, was prescribed.

The first boy, who took cod-liver oil emulsion along with the mixture, began at once to improve, and in two months the abdominal tumors had disappeared and his general health vastly improved. There has not been any recurrence, and to-day he is a fine specimen of a strong and healthy boy. The second boy, like the first, began to improve directly he came under treatment, and in two months the abdominal mass had shrunk to the size of a tangerine orange, and all the other symptoms, such as fever, pain and diorrhea, disappeared. At the end of another month Lawrie failed to detect any lump at all, and his general condition was much improved. He has continued in good health for over a year, and is a bright and healthy looking lad.

Rule for Administering Unusual Fractional Doses of a Drug.

Dr. M. S. Aaronson of New York writes that he has devised a rule wherby one may readily administer any fractional dose of a drug, starting out with one of the standard tablets of known strength. Thus if one has a tablet of morphine containing ⅛ of a grain, and if it is desired to administer 1/66 of a grain of this drug, the procedure is as follows: Take 66 minims of water and in this dissolve the tablet. Eight minims of this solution contains the required dose. This rule is applicable in the administration of any fractional dose, whether or not the denominator of the fraction is a multiple of the denominator of the fraction represented in the tablet as supplied by the manufacturer.

Remedies for Pain and Sleeplessness.

Dr. R. Jones, in the London Lancet, notes that tea and coffee drinking as well as the excessive use of alcohol and the various drug habits are frequent causes of sleeplessness. Intestinal autointoxication may be associated with sleeplessness. The latter may also be caused by beginning arteriosclerosis, in which case erythrol tetranitrate acts better than any sedative. Indirect remedies for sleeplessness associated with increased arterial tension are podophyllin, ¼ grain; extract of colocynth, 2 grains; aloes, 2 grains, and etatereium, 1/10 grain. By adding tone to the cerebral arterioles digitalis may act as a cerebral sedative, especially in the wakefulness of delirium tremens. When strychnine is used its effect is best kept up by alternating it with the tincture

of nux vomica. Of the direct sedatives opium is at the head of the list. The conium preparations are generally unreliable. Chloral hydrate has the advantage of weakening and depressing the heart. Paraldehyde is a safe hypnotic in dose of one-half to two drams. Of all the sedatives the bromides are the most valuable to the nerve centers. They are best given in single large doses. Cannabis indica is useful in slepplessness associated with migraine, asthma or uterine spasm. Sulphonal is a strong neuronic poison. It should be used only for the sleeplessness of chronic cases. Urethane, given in five-grain doses, is a safe and useful hypnotic.

Morphine and Atropine.

These two agents are used in varying proportions, and much depends on an accurate adjustment of the quanities to their respective physiologic action.

Both act upon the brain—atropine producing delirium, hallucinations and disturbed sleep; morphine generally brings about sleep. Both relive pain, morphine much more than atropine. Both produce disorders of motility (gait)—staggering, difficulty of co-ordinating muscular movements; vertigo, confusion of mind, and headache. When given together these effects are curiously modified. Morphine corrects the hallucinations and phantoms of atropine. Atropine in small doses increases the hypnotic power of morphine. If the atropine, however, is in excess of a balance of physiologic effect, it overlaps the sudorific action of the morphine and causes wakefulness and illusions. The pain reliveing power of morphine is increased by atropine.

Disorders of motility and vertigo are not diminished when the two agents are used together, but the after headache and confusion of mind are much less.

When toxic doses of morphine are given it is overcome by the atropine, and vice versa. Morphine and atropine antagonize each other's action on muscular fiber, morphine preventing the contraction of the arterioles and arterial tension produced by atropine. Morphine depresses the action of the heart. Atropine is a powerful cardiac stimulant. Morphine reduces the external temperature; atropine elevates the body heat. There is no antagonism as regards the respiratory functions of their action on the digestive apparatus; morphine produces constipation, atropine relaxes the bowels. Morphine suspends while atropine promotes functional activity of the kidneys.—American Practitioner.

Hormonal.

Dr. Frederic J. Plondke, chief surgeon, St. John's Lutheran Hospital, St. Paul, Minn., referred to Hormonal in a paper on "Preparatory and Post-Operative Treatment" read at the annual meeting of the Minnesota State Medical Association, Minneapolis, October 3-4, 1913. He stated that Hormonal in 20 c.c. doses has given him the best results for the promotion of peristalsis, especially in old patients, where the distention was apparently due to general relaxation. For spastic ileus it is best to use it intravenously, as the action is quicker. He stated that he had used it in twenty cases and that the results were very satisfactory, excepting in those in which there was mechanical obstruction.

Hospitals, Etc.

City Hospital, Newark.

According to the hospital authorities, the City Hospital cannot accommodate without congestion more than 328 patients. Since the first of this month, though, the census figures have mounted steadily from 387 to the 443 registered this morning. In three or four of the wards additional beds have been placed between the regular cots. The doctors are taking pains to guard against the assignment of beds to persons who do not really need to stay.

Hudson County Insane Asylum Criticised.

Conditions existing in the Hudson County Insane Asylum at Snake Hill are roundly scored in a report made to Acting Governor Leon R. Taylor by a committee of the Board of Managers of the State Hospital at Morris Plains. The institution is very overcrowded and no modern methods of treatment are used there, the report says.

Dr. John Nevin, of Jersey City, who represents Hudson County on the Board of Managers, made the report public. Besides the overcrowded conditions, the report lays much stress upon the fact that no attempt is made toward occupational treatment. "In all modern institutions," said Dr. Nevin, "great stress is laid upon the employment of patients to keep their minds occupied so far as possible. Hudson County's institutions compared unfavorably this way with the similar asylum in Essex County. The report makes this fact very clear."

The report says that there are only two physicians to take care of more than 750 insane persons. Only one of these doctors remains at the asylum during the day, so that if Dr. Smith, medical director of the institution, happened to be called away from the institution at night the 750 patients would be left without medical aid in an emergency. It is suggested that the county employ at least four physicians there and increase the staff of nurses. Dr. Nevin expressed the idea that all asylums should be placed under State control and removed from the influence of politics.

Mercer Hospital, Trenton.

At a meeting of the board of managers of this hospital, held January 20, 1914, the medical and surgical staffs of Mercer Hospital were selected as follows:

Medical director, Dr. George N. Parker; consulting physicians, Drs. Samuel S. Stryker and William A. Clark; consulting surgeons, Drs. Thomas H. Mackenzie and Joseph H. Wells; consulting neurologist, Dr. Henry A. Cotton; attending physicians, Drs. George H. Moore, Paul L. Cort, Walter A. Taylor and William A. Newell; attending surgeons, Drs. Nelson B. Oliphant, George H. Parker, David B. Ackley; attending gynecologists, Drs. Joseph B. Shaw, Edward S. Hawke; attending opthalmologists, Dr. Charles F. Adams and Charles J. Craythorn; attending roentgenologist, Dr. Charles H. Holcombe; attending pathologist; Dr. Frederick S. Hammond.

The assistant medical staff follows: Dr. Lawrence H. Rogers to Dr. George H. Moore; Dr. Kuhl to Dr. Walter A. Taylor; Dr. Fred S.

Watson to Dr. Paul L. Cort; surgical, Dr. Frank G. Scammell to Dr. Nelson B. Oliphant; Dr. Clarence J. Slack to Dr. George H. Parker; Dr. Royden W. Davison to Dr. David B. Ackley; genecological, Dr. A. Dunbar Hutchinson to Dr. Joseph B. Shaw; Dr. R. H. C. Phillips to Dr. Edward S. Hawke; opthalmological, Dr. Dikran M. Yazujian to Dr. Charles F. Adams.

Auxiliary staff (out-patient department), medical, Dr. M. Leroy Potts; surgical, Drs. Wilbur Watts and Lawrence H. Rogers; opthalmological, Drs. Charles F. Adams and Charles J. Craythorn, chiefs; Dr. Dikran M. Yazujian, assistant to Dr. Adams; otorhino-laryngological, Dr. Charles F. Adams, chief; Dr. Dikran M. Yazujian, assistant; neurological, Dr. Henry A. Cotton, chief; Drs. Edgar B. Funkhouser, Clarence B. Farrer and Edwin W. Katzen-Ellenbogen, assistants.

A new plan is being inaugurated by the management of the Mercer Hospital to raise funds to maintain the institution, instead of holding the annual charity ball every winter. It has been found that the ball caused plenty of hard work and required considerable expense to conduct it. After the profits were counted it was found that there was little for the hospital benefit. Rent, printing, advertising, etc., eat up most of the profits. So Chairman Gummere, of the finance committee, has asked those who have patronized the ball in former years to make a cash donation of the amounts they have given for tickets in former years.

Muhlenburg Hospital, Trenton.

Mr. Edward Augustus Penniman, who died in Lucerne, Switzerland, July 11th, in his will left $5,000 to the Muhlenburg Hospital.

St. Michael's Hospital, Newark.

A campaign has been inaugurated in Newark to raise $125,000 for St. Michael's Hospital, for its enlargement and better equipment. The campaign will be carried on under the direction of W. A. Bowen and T. W. Davies, professional organizers of such enterprises, who have established offices in the second floor of the Kinney building.

St. Michael's Hospital was opened on Bleecker street in 1867 by the Sisters of the Poor of St. Francis. There were but thirteen beds in the original building. In 1869 the institution was moved to High street and increased to forty beds. The present building in High street, at Central avenue, was opened in 1871, and the first addition was erected in 1889. The building as thus enlarged contains 250 beds, and the new wing, almost finished, will contain an additional 150 beds. At the present time 12,000 patients receive treatment each year. Since the hospital was opened about 80,000 "in-patients" have been treated, and about 250,000 "out-patients." The new wing will cost more than $100,000. Of this sum $95,000 must be provided. In addition $30,000 more must be raised for equipment.

Raising Funds for Bayonne's New Hospital.

The committee on ways and means of the Beth Israel Hospital Association met at the home of Aaron Melniker recently to make plans for the raising of the remainder of the $25,000 to build a new hospital in Bayonne. The association already has several thousand dollars. The new hospital is to be run on a non-sectarian plan under Jewish auspices.

The Babies' Hospital of Newark.

The seventeenth annual report of the Babies' Hospital of Newark, N. J., has recently been received. Frederick Frelinghuysen, Esq., is president; Dr. H. L. Coit is medical director, Drs. L. E. Holt and W. P. Northrup, consulting physicians, and the following are on the staff: Drs. E. G. Wherry, E. W. Murray, M. K. Whitenack, E. Staehlin, E. Sprague, O. A. Mockridge, C. V. R. Bumsted, R. H. Scott, J. H. F. Wallhauser, E. S. Sherman, F. C. Horsford.

The annual report of the Board of Managers shows a year of prosperity and progress. The Medical Report shows: 8,092 days of treatment of 378 ward patients, many of whom being returned a second or third time make a total of cases treated of 1,030. The limitation for rooms and beds has been reached for several years past. The death rate has been about 20 per cent., where without this institution's care it would have probably been about 80 per cent. The cases treated in the out-patient medical clinics and consultations, including the feeding cases, were 3,586. Ninety-eight and six-tenths were treated free.

The hospital staff maintains seven consultations each week for mothers with sick infants, three at the hospital, and four at other points, namely: One at the Newton Street Playground, one at the Social Settlement House in Market street and two at the Eighteenth Avenue Public School. These centres for outside work were offered and established several years ago. Those in the public school were to illustrate an original plan to use all elementary schools as centres for this purpose. It was proposed to the Board of Education, which assigned rooms in the school for working out the plan.

The funds for maintaining these consultations are secured by the medical director. The expense consists of the cost of collecting statistics, the salary of the visiting nurse who assists the physicians, visits the patients and instructs their methors at home. The educational work is of the greatest value. The visiting nurse, who speaks four languages, has, beside attending the consultations, made one thousand, three hundred and fifty-two (1,352) visits to the homes of clinic patients. She has also made six hundred and forty-eight (648) extra visits by request upon other mothers needing instruction, making a total of exactly two thousand visits during the year.

The Milk Dispensary has finished its fourteenth year. Its work has been devoted to more than five hundred infants selected from those brought to the clinics and consultations or leaving the hospital. The amount of milk furnished was over two hundred thousand bottles, either as modified milk or pure milk to be prepared at home. Since its beginning the Dispensary has distributed two and a half million (2,500,000) bottles of milk and has fed six thousand poorly nourished babies. Of the five hundred feeding cases treated during the year through the Dispensary, the mortality was

reduced from the usual death rate of twenty-five per eent. (25%) to two and four-fifths per cent. (2⅘%).

The Training School for children's nurses is continued with increasing demand for our graduates.

Camden City Dispensary.

At the annual meeting of the Board of Managers of the Dispensary Dr. H. Genet Taylor, after a continuous service of forty years as secretary, declined a re-election to the office, and was accorded a vote of thanks by the board for past services. Dr. Daniel Strock was then elected Secretary.

The following members of the attending staff were appointed: Drs. William H. Pratt, Edward W. Rossell, Howard F. Palm, Hyman J. Goldstein, Horace F Rose, Emma M. Richardson, Arthur J. Casselman, Robert L Sheppard; dentist, Dr. Byron E. Fortiner; pharmacist, Alfred D. Sparks, Ph. D.

Tuberculosis Hospital, Camden County.

The Camden County Hospital for the care and treatment of persons suffering from tuberculosis, which is situated at Ancora, N. J., has just been opened. The hospital, which has been erected at a cost of about $50,000, is a frame structure, 368 feet long, 25 feet wide, and three stories high. It consists of an administration building which is connected by corridors with two wings, each 92 feet long and surrounded on both floors by spacious porches for outdoor treatment. There are four public and four private wards.

Large Gifts to London Hospitals.

By the will of Sir Julius Wernher, the South African diamond merchant, who died in 1912, the London hospitals will receive about $2,325,000.

Middlesex Hospital, London, Cancer Cure.

Progress in the cure of cancer by radium is reported at this hospital in London, England, under the direction of Dr. L. Barlow. Only unoperable cases are admitted and while from June to September, 1912, the mortality rate was 100 per cent., in the same period of 1913, out of sixty-eight victims admitted, thirty-six died and thirty-two were discharged. Most of the discharged patients are pursuing their daily occupation and there have been only one or two cases of recurrence reported.

Bilateral inguinal herniae in female infants often contain the Fallopian tubes and the ovaries.

Marriages.

EMERSON-FRANKLIN—In New York City, January 10, 1914, Dr. Linn Emerson, of Orange, to Miss Marie Franklin, of Windsor, Md.

WARNER-FERAUD—At Redlands, California, December 31, 1913, Dr. W. H. Alonzo Warner, of East Orange, N. J., to Miss Natalie B. Feraud, of Redlands, Cal.

Deaths.

CURTS.—At Paterson, N. J., December 31, 1913, Dr. James H. Curts, after a lingering illness, aged 36 years.

Dr. Curts was born in Brampton, Ontario, Canada, thirty-six years ago, the son of the Rev. James and Elizabeth Curts, both deceased. He was educated in Albert College, Belleville, Ontario, and later studied medicine in Toronto. He was graduated in medicine from Trinity University, Toronto, in 1899.

He came to Paterson, where his brother, Dr. Robert M. Curts was established, immediately after his graduation and acted as house surgeon in the Paterson General Hospital for two years. At the end of that time he and his brother entered into association in the practice of medicine. Five years ago Dr. Curts went to London and took up a special course of study in internal medicine and diseases of children. Upon his return he was appointed visiting physician to St. Joseph's Hospital.

DR. JAMES H. CURTS.
Courtesy of the Paterson "Guardian."

Dr. Curts was a member of the Passaic County Medical Society and of the Medical Society of New Jersey. He was also a member of Joppa lodge F. & A. M., the Arcola Country Club, the North Jersey Country Club and the Junior Medical Book Club. He is survived by a wife—Florence Wright Curts, daughter of former State Treasurer Frederick Wright, of Susquehanna, Pa., and a daughter, Elizabeth, eighteen months old; also by his brother Dr. Robert M. Curts, two other brothers and two married sisters.

BAER—At South Pasadena, Cal., January 19, 1914, Dr. Joseph Silas Baer, formerly a prominent surgeon of Camden, N. J., aged 60 years.

Dr. Baer was born in Plainfield, Pa., in 1854, and after a good preliminary education entered the Jefferson Medical College, Philadelphia, from which he graduated in 1888. He then began practice in Camden and continued it there for about twenty-five years. He was on the staff of Cooper Hospital, Camden, for fifteen years and was head of the gynecological department when impaired health compelled him to move to California about two years ago, and he settled in South Pasadena near his intimate friend and brother practitioner, Dr. E. L. B. Godfrey.

Dr. Baer was a member of the Camden County Medical Society, the Medical Society of New Jersey, the American Medical Association and the Philadelphia Medical Club. He is survived by his widow and a married daughter. Dr. B. F. Baer, of Philadelphia, is a brother.

BRAUN—At Newark, N. J., January, 1914, Dr. Rudolph Braun.

DE SILVERS—At Atlantic City, N. J., January 1, 1914, Dr. J. Francis De Silvers, aged 36 years.

HANCE—At Lakewood, N. J., January 15, 1914, Mrs. Isabel M. Clark, wife of Dr. Irwin H. Hance, of Lakewood.

HOPPER—At the Hotel Woodstock, New York City, December 28, 1913, Mrs. Maria Colfax Hopper, widow of the late Dr. Henry A. Hopper, of Hackensack, N. J.

LAWS—At Paulsboro, N. J., September 5, 1913, Dr. George C. Laws, aged 68 years. (See October Journal, pp. 266.)

Son of James D. Laws, was born at the homestead in Holmesburg, Pennsylvania, in the house where his mother, a wonderful woman, lived up to within a few months of the time of Dr. Laws' death. His father was an exceptionally fine man, well known to and much respected by the entire medical profession, not only of Philadelphia, but of the State, as a manufacturer of high class vehicles. The factory was close to his home. His specialty was physicians' carriages and gigs for out of town and city use. They were all models of comfort and practical value, his name on a vehicle being a guarantee of its excellence.

At the first call for volunteers in the Civil War Dr. Laws enlisted in the Fifteenth Pennsylvania Volunteer Cavalry, where he served until the close of the war. Possessed of an unusually powerful physique, his coolness and bravery oftentimes stood him in great stead. No one could ever learn much for him of his military career, but his comrades and commanding officers were unstinted in their praise of this soldier. Toward the latter part of the war he was singled out for courier service and ordered to a section of the country given over to guerilla warfare, which made his work particularly perilous and fatiguing. He never lost touch with the survivors of his old regiment and one of the greatest pleasures of his after life was to attend their reunions and camp-fires.

He matriculated in the medical department of the University of Pennsylvania, then located on Ninth street on the site of the present postoffice, and graduated from there in the class of 1871 with the degree of M. D.; the same year the degree of Ph. D. was conferred on him.

Dr. Laws selected Lawrence Turnbull, M. D., as his perceptor and under his guidance he was most enthusiastic and up to the last months of his practice he persistently cherished his knowledge of practical therapeutics there acquired. He had the utmost distaste for the slightest evidence of what he ridiculed in derisive terms, "all diagnosis and no therapy," and woe be to the young physician who in his presence described a case and was not able to suggest the correct medicine and tell what he expected to do.

He located in Paulsboro in the year of his graduation and married Elizabeth Miller Roe four years later—in 1875. He was very much interested in the development of Paulsboro, being identified with her educational interests for years. With others he formed the Billingsport and Paulsboro Land & Improvement Co., the Paulsboro Water Co., the First National Bank of Paulsboro, and he was one of the wardens of St. James' Episcopal Church.

His sense of humor was most keen, which, with his jolly good nature, made him a boon companion. He was everywhere the leading spirit, at the vestry, school, medical or other society meetings. When occasion required he was the autocrat, and whether the advice was to the old or young, rich or poor, educated or uneducated, it was of the highest standard. He was the centre of merriment and his particular coterie was always the jolliest. His friends loved him, the profession admired and respected him, his patients adored him and from the day he first opened his modest office in Paulsboro and organized and led a church choir of boys, up to the day of his death, when he was one of the pillars of the church, he was the same reliable, unselfish, honest, skillful practitioner, the same brave and faithful Christian soldier who as a youth enlisted in the service of his country.

Dr. Laws' article on "Glonoinism," which was read at the eightieth anniversary of the Gloucester County Medical Society and published in the International Clinics in 1898, was one of the most able and original papers ever presented. Up to this time there was absolutely nothing published on this subject and the whole matter was the work of his fertile brain. His syphgmographic tracings were models of accuracy and conclusively demonstrated the action of nitroglycerin on the heart.

Dr. Laws' public life was exemplary and in the home circle ours is the only privilege to lift the curtain and peep into one of the happiest of homes. The death of his wife, a typical partner, was a great blow to Dr. Laws. He took particular pride and comfort in the possession of a devoted son, Dr. George M. Laws, also a graduate of the medical department of the University of Pennsylvania, and of two daughters, to whom he was the doting parent.

LOOS—At Trenton, N. J., January 11, 1914, Dr. Isaac D. Loos, after a brief illness, aged 50 years.

Dr. Loos was born in Bethlehem, Pa., February 13, 1864, where he secured his preliminary education. Afterwards he entered the Jefferson Medical College, Philadelphia, from which he graduated in 1888.

After conducting a general practice in Scranton, Pa., for about two years, he took a special course at the Wills Eye Hospital, Philadelphia,

and a short period later, which was about twenty-two years ago, he settled in Trenton to practice his specialty. At the time of his arrival there and for some years subsequent, Dr. Loos was the only eye, ear and nose specialist in the city. He had no more than established his offices in Trenton when he experienced a fine practice, which continued to increase as the years rolled by. Dr. Loos was actively engaged in the treatment of his clientele until his illness compelled his retirement, about a week before his death.

Dr. Loos was a member of the Mercer County Medical Society, The Medical Society of New Jersey and the Philadelphia (Pa.) Medical Society. He is survived by his wife, two sisters and four brothers. His father was for twenty-three years pastor of the Christ Reformed Church, of Bethlehem, Pa.

Personal Notes.

Dr. Augustus L. L. Baker, Dover, has been appointed police surgeon by the City Council.

Dr. Edward M. Beach, West Long Branch, was elected president of the City Council last month.

Dr. Charles V. R. Bumstead, Newark, gave a dinner in honor of Prof. J. P. Crozer Griffith, M. B., of the University of Pennsylvania, at his home, Jan. 7th. Several Newark physicians were present.

Dr. Wellington Campbell, Short Hills, has been reappointed township physician.

Drs. William E. Cladek and John S. Young, Rahway, have been appointed city physicians by the City Council.

Dr. Edgar K. Conrad, Hackensack, won ribbons at the Madison Square Garden (New York) Poultry Show, taking four prizes.

Dr. G. Wyckoff Cummins, Belvidere, has been elected town physician by the City Council.

Dr. Richard H. Dieffenbach, Newark, has been appointed attending physician of the Home for the Friendless, in place of his father, recently deceased.

Dr. A. H. Dundon, Plainfield, was elected last month secretary and register of vital statistics by the local Board of Health.

Dr. J. Willard Farrow, Dover, is a member of the Morris County Grand Jury.

Dr. George H. Franklin, Hightstown, was elected a member of the Borough Council last November for a two years' term.

Drs. Francis H. Glazebrook and Samuel C. Haven, Morristown, have been elected members of the local Board of Health. The former has also been elected a director of the Morristown Civic Association.

Dr. Henry A. Henrigues, Morristown, has been nominated as one of the governors of the Morristown Club.

Drs. Thomas F. Higgins and Frank H. Warncke, Elizabeth, have been elected city physicians.

Dr. Lewis B. Hoagland, Oxford, has been appointed by the Warren County Board of Freeholders as county physician.

Dr. William H. Iszard, Camden, who was seriously ill last month, is reported as convalescing.

Dr. Julius Levy, Newark, discussed Dr. Schwartz's paper on "Simple Milk Dilution Feeding," at the annual meeting of the American Association for the Study and Prevention of Infant Mortality at Washington, D. C.

Dr. Anne B. Newton, South Orange, has an article in the Newark Evening News of January 7th, on the "Care of the Child's Teeth."

Dr. Frank G. Scammell, Trenton, was re-elected county physician of Mercer County last month.

Dr. Frederick W. Sell, Rahway, was recently elected one of the trustees of the Rahway Board of Trade.

Dr. John L. Suydam, Jamesburg, has recently been elected borough physician

Dr. George Herbert Taylor, Maplewood, has been re-appointed physician of Millburn township.

Dr. Alfred H. Van Horn, Plainfield, recently reported that out of 3,470 pupils examined in the schools there, 1,040 were found who had not been vaccinated.

Dr. Frederick P. Wilbur, Franklin Furnace, is a member of the borough Council.

Dr. William J. Wolfe, Chatham, was drawn on the Morris County Grand Jury in December.

Drs. William W. Brooke and Stanley R. Woodruff, Bayonne, have been selected directors of the Bank of South Hudson.

Dr. Aldo B. Coultas, Madison, recently addressed the Mothers' Meeting in the public school auditorium.

Dr. Lucius F. Donohue, Bayonne, has been elected a director of the Mechanics' Trust Co., Bayonne.

Dr. Fred S. Hallett., Hackensack, has been appointed chairman of the Sanitary committee of the Hackensack Board of Health.

Dr. Martin I. Marshak, Bayonne, recently gave the first of a series of talks on the prevention of disease, before the Electric Launch Company of Bayonne.

Dr. Emery Marvel, Atlantic City, has an article in The American Journal of Obstetrics, January, 1914, on "Puerperal Infection Due to Gas-forming Bacteria."

Dr. George H. Sexsmith, Bayonne, has been elected a director of the Bayonne Trust Company.

Dr. Joseph E. Sheehan, Orange, has an article in the Medical Record, January 17th, on "The Case Against the Eugenists."

Dr. David St. John, Hackensack, has been elected a director of the Hackensack National Bank and also of the Hackensack Trust Company.

Dr. Frank C. Ard, Plainfield, has been elected a director of the State Trust Company, Plainfield.

Dr. Edward M. Beach, West Long Branch, has been elected a director of the Long Branch Banking Company.

Dr. William J. Burd, Belvidere, has been elected a director of the Belvidere National Bank.

Dr. Samuel T. Hubbard, Hackensack, was called to Rutland, Vt., last month on account of the death of his father.

Drs. James M. Reese and John H. Griffith, Phillipsburg, were elected president and vice-president, respectively, of the local Anti-Tuberculosis Society. Drs. F. A. Shimer and J. H. Griffith were elected members of its advisory board.

Dr. William A. Davis, Camden, and wife spent a few days last month with relatives at Salem, N. J.

Dr. Henry B. Diverty, Woodbury, was recently elected superintendent of the Kemble M. E. Sabbath school.

Dr. Clarence A. Hofer, Metuchen, entertained Dr. John Fisher and son of Philadelphia recently.

Dr. Edward J. Ill, Newark, was recently elected a director of the Prudential Insurance Company.

Drs. Thomas H. MacKenzie and John C. Fetty, Trenton, are on the panel of the Mercer County Grand Jury for the present term.

Dr. Frank W. Pinneo, Newark, discussed Dr. Schereschewsky's paper on "Heat and Infant Mortality" at the meeeting of the American Association for the Study and Prevention of Infant Mortality, Washington, D. C.

Dr. Irenacus M. Shepherd, Trenton, is a member of the Mercer County Grand Jury.

Drs. G. H. Sexsmith and M. I. Marshak, Bayonne, report a case illustrating the "Factor of Safety" in Lung Tissue and Pulse Pressure as a Prognostic Sign, in the Medical Record, January 10th.

Dr. Obadiah H. Sproul, Flemington, was recently elected a trustee of the Hunterdon County Historical Society.

Dr. Arnim Ubelacker, Morristown, member of the State Board of Examiners, was operated at the Orange Memorial Hospital, last month. He is recovering.

Dr. Henry J. F. Wallhauser, Newark, expresses his opinion on "Universal Circumcision as a Sanitary Measure," in Dr. A. L. Wolburst's paper in the A. M. A. Journal, January 10th.

Drs. Sylvan G. Bushey and Grant E. Kirk, Camden, have been elected directors of the Broadway Trust Company, Camden.

Dr. Edgar Carroll, Dayton, was elected last month County Physician by the Middlesex County Freeholders at the salary of $1,200.

Dr. John W. Donges, Camden, has been elected a director of the Camden National Bank.

Dr. James Douglas, Morristown, was elected by the Board of Health as its local physician. He was also the first man to be licensed to run an automobile at the first sitting of the inspectors.

Dr. Thomas N. Gray, East Orange, delivered a lecture before the Nurses' Society of Essex, Warren and Somerset Counties, in St. Mary's Hospital, Orange, last month, on "Mental Hygiene," and drew a comparison between the natural and normal child and the abnormal.

Dr. John J. Haley, Gloucester City, has been elected a member of the local Board of Health.

Dr. Joseph B. Harrison, Westfield, has been re-elected a director of the Westfield Trust Company.

Dr. B. Van Doren Hedges, Plainfield, has been elected a director of the City National Bank, Plainfield.

Dr. Ralph H. Hunt, East Orange, recently addressed the Housewives' League of the Oranges on "The Fly."

Dr. William H. Lawrence, Jr., Summit, was recently re-elected president of the local Board of Health.

Dr. Frank P. McKinstry, Washington, has been appointed a member of the local health board.

Dr. John W. Reid, Kearny, last month was elected a director of the First National Bank of East Newark.

Drs. George L. Romine and Edward W. Closson, of Lambertville, and George N. Best, of Rosemont, were elected directors of the Lambertville National Bank last month. Dr. Romine was subsequently elected vice-president of the bank.

Dr. James J. Reed, Seabright, has been elected a director of the Citizens' National Bank of Long Branch.

Dr. Robert R. Sinclair, Westfield, has been elected a director of the People's National Bank of Westfield.

Dr. Marcus F. Squier, Arlington, has been elected a director of the West Hudson Trust Company.

Dr. David Warman, Trenton, last month had an interesting letter in the Trenton State Gazette on his Western trip.

Dr. William Perry Watson, Jersey City, was elected last month consulting medical director of the Prudential Insurance Company.

Dr. Peter J. Zeglio, Plainfield, has been elected a director of the First National Bank of Plainfield.

Medico-Legal Items.

License Need be Filed in County of Residence Only.

The Supreme Court of Washington says, in State vs. Dechmann (107 Pac. R. 858) that, in prosecutions under the statute of that State for practicing medicine without a license, evidence that the defendant has failed to file a license with the county clerk, as required, is prima facia evidence that he is not a legally licensed practitioner. But, under the law, the failure to file the license in a county other than the county in which the defendant resides will not be proof of the violation of the law or the commission of the crime charged, because it is not one of the requirements of the statute that the practitioner shall file the license in counties other than the one in which he resides, even though he may be called to another county for the purpose of practicing his profession temporarily. Hence a conviction cannot be sustained by evidence showing merely that the defendant practiced medicine in a given county, and that no license had been filed in such county, without any proof that he was at the time a resident of the county.

Compensation for Professional Service—Evidence.

A physician sued for professional services rendered by him to a deceased sister of the defendant, who, during her lifetime, was a member of the defendant's family, and also for the amount of a consultation fee paid to another physician, which claim had been assigned to the plaintiff. The case was tried before the court and jury. The issues were whether or not the defendant had promised to pay for the services of the physician, and whether or not the defendant's sister had paid the defendant in full for his services. The plaintiff testified in detail to the number of visits and to the services which he rendered.

The value of the services rendered was conceded to be $55, the amount claimed. The defendant testified that he did not promise to pay for these services. The wife testified that she had seen the defendant's sister pay for the plaintiff's services upon each visit. Her testimony was weakened on cross-examination. The trial court left the issues involved to the jury as questions of fact, and instructed them to determine as to the credibility of the witnesses. The jury found a verdict for the plaintiff, which the court at once set aside as being against the weight of the evidence. An appeal was held that the trial court's action was an improper exercise of judicial discretion, the only issue being one of fact, which it was for the jury, not the court, to decide. Levene vs. Denker, 135 N. Y. Supp. 592.

Testifying From X-Ray Plates.

In an action for injuries, x-ray plates of the injured joint were submitted to the jury, and the testimony of the x-ray experts for the plaintiff and the defendant conflicted in their interpretation of the plates. It was held to be competent for a medical expert who had made a physical examination of the plaintiff, and had also examined the plates to testify, from such examinations, what was his diagnosis of the plaintiff's condition. He was also qualified, both as an expert and as a physician, to testify as to the probable duration of the injury, and whether it would be permanent or not, as a basis from which the jury could estimate the damages.—United Rys. & Electric Co. vs. Dean, Maryland Court of Appeals, 84 Atl. 75.

Practicing Without a License—Religious Beliefs

Under an information for practicing medicine for a fee without a certificate, the evidence showed that the defendant professed to treat sick and diseased people, maintained an office for that purpose, and treated patients for the cure and relief of bodily infirmities or diseases by examination of the person and rubbing the parts of the body supposed to be affected, doing this as a business for fees. It was held that he was subject to the provisions of the statute creating a board of medical registration and examination, and regulating the practice of medicine, surgery and osteopathy. The provision in the act that nothing therein referred to shall be construed as interfering with religious beliefs in the treatment of diseases did not exempt him from its operation, although he believed the words of Jesus in regard to healing can be carried out; that from Bible study and supplemental study of psychology and suggestive therapeutics he could to some extent carry out such healing practices; and that it was his duty to do so.—State vs. Peters, Kansas Supreme Court, 123 Pac. 751.

"Illness" in Insurance Application.

An insured, in her application, stated that she had not been confined to her house by illness or consulted a physician since childhood. In an action on the policy, it appeared that about two years before the application she had been confined to the house by an acute cold, causing suppressed mensturation and a soreness and congestion of the womb, when a physician paid her one visit. It was held that this did not invalidate the policy, as a reasonable construction of the question whether she had ever consulted a physician implies that it should be interpreted as relating to a consultation as to some disease or illness with which the applicant was or had been afflicted, not to some feeling of trivial discomfort or temporary indisposition, not affecting the general health.—People vs. Grand Circle (Cal.), 123 Pac. 349.

Malpractice—Degree of Care and Skill Required—What Defendant is Entitled to Show.

A physician or surgeon, by taking charge of a case, impliedly represents that he possesses, and the law places upon him the duty of possessing, that reasonable degree of learning and skill that is ordinarily possessed by physicians and surgeons in a locality where he practices and which is ordinarily regarded by those conversant with the employment as necessary to qualify him to engage in the business of practicing medicine and surgery. This principle was applied in an action for alleged malpractice at the instance of a young woman, who, on the advice of a physician, went to a hospital and was operated upon by one of the surgeons. Later on the same day a minor operation, mainly for the purpose of drainage, was required, and some time later a second incision was made for the same purpose. Still later one of these incisions was opened to secure as far as possible some of the spots found to have been weakened by the infection found upon the occasion of the first operation. The action was for "negligence, carelessness and unskillfulness" in conducting the operations. It was not contended that the defendant did not possess the requisite learning, skill, and experience. In addition he must "use reasonable care and diligence in the exercise of his skill and the application of his learning to accomplish the purpose for which he was employed. He is under the further obligation to use his best judgment in exercising his skill and applying his knowledge." The complaint alleged that the defendant did not use reasonable care. An examination of the whole case satisfied the court either that the verdict (which was for the plaintiff) was against the evidence, or that it rested entirely upon the charge of negligence and carelessness in the after-care of the patient, a charge not embraced in the complaint. As to the condition of affairs which the defendant found when he examined and operated upon plaintiff, and as to the nature of the operations actually performed, the court did not hold any of the evidence to be of any value except that of the defendant himself and his assistants, for they alone saw and knew the conditions and operations. As to whether or not the operations as performed were proper and in accordance with the requirements of professional skill, the court was obliged to rely upon the evidence of many experts having special knowledge of such subjects. The burden of establishing affirmatively either want of skill or negligence in the care and attention of a patient must be assumed by him. If the jury were justified in accepting the plaintiff's version of the defendant's neglect after the operation and rejecting the contradictory evidence for the defendant the court held that the verdict should not be allowed to stand, being excessive. The court held that it was error not

to permit the defendant to answer a question whether in performing the operation it did not, in his judgment, become necessary to separate the tissues from the sac in which the pus was found, thus preventing him from showing that he exercised his best judgment. It was also error not to allow him to answer the question, "What instructions did you leave with the hospital staff of physicians or nurses with reference to the care of the patient?"—Brown vs. Goffe, New York Appellate Division, First Dept., 125 N. Y. Supp. 458.

Book Reviews.

E. Merck's Report of Recent Advances in Pharmaceutical Chemistry and Therapeutics. 1913. Vol. XXVI. E. Merck, Chemical Works, Darmstadt. A valuable digest of new and many old drugs.

A Textbook of the Practice of Medicine, by James M. Anders, M. D., Ph. D., LL. D., Professor of the Practice of Medicine and of Clinical Medicine, Med.-Chi. Coll., Philadelphia. Handsome octavo, 1,326 pages, fully illustrated. Eleventh edition. Thoroughly revised. Philadelphia and London. W. B. Saunders Co., 1913. Cloth, $5.50 net.

Dr. Anders has sought to place in one volume all the essentials of the practice of medicine, especially as relates to diagnosis and the newer forms of treatment, resulting from a knowledge of the relations of bacteria to pathology. We are pleased to note that the author appreciates the value of the Towns-Lambert method of treating morphinism, but regret that he does not refer to its equally successful effects in the treatment of chronic alcoholism.

Dorland's American Illustrated Medical Dictionary. A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with new and elaborate tables. Seventh Revised Edition. Edited by W. A. Newman Dorland, M. D. Large octavo of 1,107 pages, with 331 illustrations, 119 in colors. Containing over 5,000 more terms than the previous edition. Philadelphia and London. W. B. Saunders Co., 1913. Flexible Leather, $4.50 net; thumb indexed, $5 net.

In "Dorland" every word has an appropriate definition and for most of the words the derivation and approved pronunciation are indicated. It is interesting to note that 5,000 new terms have been added since the issue of the previous edition. Many of these words are descriptive of conditions only recently made known.

Principles of Surgery. By W. A. Bryan, A. M., M. D., Professor of Surgery and Clinical Surgery at Vanderbilt University, Nashville, Tennessee. Octavo of 677 pages with 224 original illustrations. Philadelphia and London. W. B. Saunders Co., 1913. Cloth, $4 net.

The principles of surgery, and for that matter of medicine as well, are concisely stated and in accord with the generally accepted germ theory of disease. The scope of subjects considered is large, considering the size of the book.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume II., Number VI. (December.) Octavo of 186 pages, illustrated. Philadelphia and London. W. S. Saunders Co., 1913. Published bi-monthly. Price per year: Paper, $8; cloth, $12.

History of Medicine, with Medical Chronology, Bibliographic Data, and Test Questions, by Fielding H. Garrison, A. B., M. D., Principal Assistant Librarian, Surgeon-General's Office, Washington, D. C., Editor of the "Index Medicus." Octavo of 763 pages, many portraits. W. B. Saunders Co., Philadelphia and London, 1913. Cloth, $6; half Morocco, $7.50 net.

A work largely of research and compilation, but so interestingly presented that it reflects credit on the literary ability of the author. It is well indexed and contains a valuable table of medical chronology.

Genito-Urinary Diseases and Syphilis—By Edgar G. Ballenger, M. D., Adjunct Clinical Professor of Genito-Urinary Diseases, Atlanta Medical College; Genito-Urinary Surgeon of Davis-Fisher Sanatorium; Urologist to Hospital for Nervous Diseases, etc., Atlanta, Ga., assisted by Omar F. Elder, M. D. The Wassermann Reaction, by Edgar Paullin, M. D. Second edition revised. 527 pages with 109 illustrations and 5 colored plates. Price, $5 net. E. W. Allen & Co., Atlanta, Ga.

This is a practical work. The rare affections are only briefly noticed, but considerable attention is given to the modern treatment of gonorrhoea and syphilis and their complications. It contains a pretty full description of the Wassermann reaction, luetin test and the cultivation of spirochaeta pallida.

Diseases of Children. A Practical Treatise on Diagnosis and Treatment for the use of Students and Practitioners of Medicine. By Prof. Benjamin Knox Rachford, Professor of Diseases of Children University of Cincinnati, etc. D. Appleton and Company, New York and London, pp. 783. Illustrated in text and with colored plates.

This is a very practical clinical treatise on diseases of infants and children with brief outlining of pathological findings and etiological discussions, but it will be found most valuable for its full outlines of differential diagnosis and treatment of children's diseases. We heartily commend it after careful examination.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arkansas, November	25	14	11
Connecticut, November	53	29	24
Connecticut, Eclectic	1	1	0
Connecticut, Homeopath	7	6	1
Delaware, December	7	6	1
Georgia, October	22	15	7
Iowa, September	17	15	2
Michigan, October	12	9	3
Mississippi, October	33	19	14
New Mexico, October	4	4	0
Oklahoma, July	35	34	1

Oklahoma, October.....	9	8	1
Utah, October.....	5	5	0
Utah, January.....	6	5	1
Wyoming, October.....	2	2	0

The following additional applicants were licensed through reciprocity:—

Arkansas, 13; Iowa, 15; Michigan, 17, Oklahoma, 23.

The number of physicians in Germany has increased since 1901 from a proportion of 4.92 to 5.11 per 10,000 inhabitants. The number of licenses and of medical students is continually increasing.

Quality, Not Quantity in Medical Training.

Under the above heading, the Boston Herald, in its issue of December 22, 1913, said:—

"Fifty-odd medical schools have gone out of existence in the last few years—either by actual cessation or by merger with other institutions, following the agitation for higher standards in medical teaching. The change is significant. By far too many schools were mere 'diploma factories,' with but a pretense at instruction. Preparation for the state board examinations was the curriculum. Other institutions, more sincere in purpose, were wretchedly inadequate, without proper laboratory and clinical facilities. The graduates from such schools entered practice doubly handicapped. They were usually unable to secure a hospital appointment and thus were obliged to treat with only the barest theoretical training.

"The effect on the medical profession has been marked. In many outlying districts, in particular, ignorant practitioners have brought the science into disrepute, driving their illtreated patients either to out-and-out quacks or to cults of one kind or other. The evolution which has greatly lessened the number of 'medicos' should be beneficial in many ways. The profession has become greatly overcrowded—as have many other fields, to be sure. But keenness of competition is apt to be most disastrous in medicine, by tempting to departure from ethical standards and by unduly emphasizing the financial aspects of service: Wherever the physician's bread and butter becomes as important a consideration as his patient's welfare, the practice of medicine is marked for decline. For that reason the elimination of cheap medical school—of the institution where payment for the whole course in advance is taken at a great discount—is gratifying. It will result in a better standardization of medical theory and practice, and in a continuance of the high plane of ethics on which the success of the profession depends."

Public Health Items.

Experts declare that industrial workers lose $750,000,000 annually from sickness, and that $200,000,000 of this is due to preventable illness.

Meeting of Health Board Officers.

The annual conference of State and Provincial Boards of Health of North America will begin its session in St. Paul Friday, June 13, under the presidency of Dr. W. F. Snow, Sacramento, Cal. In all probability, some of the sessions will be held on the campus of the university in Minneapolis.

Prevalence of Measles.

Sixteen new cases of measles were reported January 17 to the East Orange Board of Health, making the total number since January 1, 193. The Board of Health of Maplewood ordered all the Sunday schools closed on January 18 in that town, fifty-two cases of measles having been reported since January 1.

Incompetent and Worthless Health Boards.

From the American Medicine, Dec., 1913.

Such boards were strongly denounced by Dr. W. T. Sedgwick, Professor of Biology and Public Health in the Massachusetts Institute of Technology, at the annual meeting of Life Insurance Presidents, December 12, 1913. He said that, of the numberless boards in existence, only a few are doing good work and serving the people as they should be served. Some are badly managed, some have no funds, some appoint ignorant or worthless officers, and some are largely composed of Micawber politicians out of a job, waiting for something better to turn up. He states that these are the main reasons why half of the American cities are so backward in the matter of sewage disposal. He mentions Manhattan in particular as "an island surrounded by sewage," and that ought to spend at least as much in carrying away sewage as we are now spending in bringing to the city the water which forms the sewage. He even thinks we must not balk if it costs us hundreds of millions, for the conditions are intolerable and must be corrected. The present estimate is about thirty dollars per capita, and unless we make early efforts to borrow the money, the chances are fairly good for losing a hundred dollars per capita in sickness, death and deterioration of property values from loss of commerce and industries which will drift to places where it is safer to life and health. It is a pity that we do not have more outsiders to come to the city and tell us how bad we are, and how slow in beginning a reform. London came near losing its commerce from the filthiness of the Thames, and has found that the sums spent in carrying the sewage many miles down stream to disposal works is the most profitable investment the city has ever made. We will find the same of our future investment, and so will every other community which is now throwing its filth on its neighbors.

Newark's Excellent Water Supply.

Newark's water supply has reached a condition of remarkable purity, according to a report received recently by the Board of Health from City Bacteriologist Connelly. In commenting on the report, Commissioner Wrightson declared it probably showed a better condition than existed in any other city in the United States.

Particular reference was made by Dr. Wrightson to the bacteriological test made of water taken from Kanouse Creek, above the Pequannock River. While the count now was only 240 per cubic centimeter, it had been as high as 4,000 and had seldom been below 1,000, he said,

and water from other creeks showed a considerable diminution in the bacterial count.

New York's Infant Mortality in 1913.

The Babies' Welfare Association, in its annual report, places the death rate among infants in New York City during 1913 at 102 per thousand births, which is probably the lowest of any large city in this country. The total number of deaths during the year of children under one year of age was 13,779, as against 14,259 in 1912. The decrease in the number of deaths took place in Manhattan, the Bronx, and Brooklyn, while in Queens and Richmond, where but little infant welfare work was carried on, there were slight increases. The birth rate during the year dropped also from 26.22 per thousand in 1912 to 25.15 in 1913, the actual number of births being 135,655 and 135,134 in the respective years.

Conservation of Public Health.

It is estimated by the American Medical Association that within the past year a thousand bills looking to the conservation of public health have been introduced in State legislatures. Many of these measures were drawn without adequate knowledge of the subjects with which they dealt; some were more fadish than substantial; but there emerged from their motley ranks a number of well-considered, seasonable laws that will produce immeasurable good. The significant fact is that almost every legislature in the Union has turned its attention to one or another phase of the all-important question of public health. The States are at length recognizing this long-shirked duty and are sensing the tremendous import of physical welfare to economic and social problems. —Atlanta, Ga., Journal.

Report Against the Hudson County Jail.

County Physician George W. King and his assistant, Dr. Arthur P. Hasking, will urge the Board of Freeholders, in an annual report to be submitted to-night, to tear down the county jail. The doctors hold the jail is unfit for anybody and a disgrace to the county. The doctors also will recommend that efforts be made to induce Congress to extend to five years the time in which defective aliens may be deported. The report declares that more than 200 defectives menace the county, because the State institutiaon are unable to make room for them.

That only five persons in the county have died from delirium tremens in the last thirty-nine years is recorded in the report. Two such cases a day, on the average, are treated. The physicians say that they have saved the county $319,500 in the last year. This calculation is based on their deporting of seventy defectives in the year. The care of insane persons estimated at $300 each a year, and their average lifetime in an institution at fifteen years.

—Newark Evening News.

Hudson County Board of Health Upheld.

The existence of the Board of Health and Vital Statistics of Hudson County as a legal body has been sustained by the Supreme Court in an opinion handed down by Chief Justice Gummere. The proceedings were instituted in the name of the State and were designed in part to put an end to the conflict in jurisdiction which has existed between the county board and local boards of health in Hudson. The Hudson County Board, the only one of its kind in the State, was created under an act of 1874. The allegation upon which it was sought to have the county board wiped out was that this act had been repealed by implication by the law of 1887, establishing a State Board of Health and a Bureau of Vital Statistics. The act of 1887 also authorized the formation of local boards of health in each municipality and conferred upon them powers identical in many respects with those held by the Hudson County Board.

Chief Justice Gummere said that if the act of 1887 furnished the sole method for ascertaining the legislative purpose with relation to the Hudson County board, the court would have to hold that it acted as a repealer of the act of 1874. The chief justice showed however, that within twenty days after the passage of the act of 1887, the same Legislature passed another law amending the act of 1874 creating the Hudson County board.

Commenting upon the situation that presented, the court said:

"This later statute was enacted by the Legislature with full knowledge that it had a few weeks before adopted the general statute with relation to the public health, and is by implication a declaration by it that it did not intend by the general act to wipe out of existence county boards of health which had been theretofore created. To hold otherwise would be to declare that the later enactment was possessed of no vitality and operated upon no subject matter. When it is considered that repeals by implication are not favored, and will not be considered to have taken place unless the legislative intent to abrogate the prior enactment is entirely clear, the conclusion seems inevitable that the present county Board of Health of Hudson County is an existing corporate body, notwithstanding the enactment of the general statute upon which the State relies."

Sanitation of Panama.

Dr. William C. Gorgas delivered an address at the Congress of American Physicians and Surgeons at Washington, D. C., on "Sanitation at Panama in Its Relation to Sanitation in the Tropics Generally." He said:

In Panama, in 1904, when the United States began the construction of the Panama Canal this was universally looked upon as being one of the most unhealthy spots in all the tropical world; that this reputation was not undeserved but was warranted by the facts in the case; that the sanitary measures put into effect by the United States had enabled constructors of the canal to proceed for the past nine years with no greater loss from death than would have occurred if the same work were being carried forward in most parts of the temperate zone; that this work had been accomplished at no very great expense; that, therefore, similar results could be obtained either by communities or individuals in any part of the tropics, was his argument. Mr. Roosevelt, who was in the Presidential chair at that time, was thoroughly familiar with the work in Cuba, and believed that

the mosquito theory had been demonstrated beyond peradventure. Yellow fever began steadily to decline. In November, 1905, they had their last case of yellow fever in the city of Panama, and in May, 1906, their last case in Colon. During 1906 the Sanitary Department was raised to its maximum efficiency and in May, 1907, the sanitary work had been as follows: 1906, 39.51; 1907, 24.50; 1908, 8.68; 1909, 7.55; 1910, 7.50; 1911, 7.65; 1912, 6.37. These figures demonstrated that by 1908 they had a force of 38,000 employees on the Isthmus who were working in the sun, rain, and weather at the hardest kind of labor, with a death rate from disease of 8.68, not any greater than the same men doing the same work would have had in the United States. It was interesting to speculate upon what would have taken place if the President and Secretary of War had acted in accordance with the recommendations of the Executive Committee and decapitated the men in charge. The methods used were based upon the belief that yellow fever was a disease due to filth. By December, 1906, they had 9,000 non-immune connected with the commission of whom 6,000 were Americans. It was probable that half of these would have died of yellow fever had sanitation remained as it was in 1905. This would probably have involved a suspension of the work till conditions could have been corrected, thereby causing a delay in the completion of the canal of at least two years, and very probably public opinion would not have supported a project that involved such loss of life and the work would have been delayed indefinitely. The actual expense of the measures that had accomplished these results had not been large, about $265,000 per year, or about one cent per day per capita. The expense of sanitation in the Isthmus was frequently spoken of as being large. This came about from the fact that official reports gave the expense of the Sanitary Department as having averaged $1,600,000 a year. And very naturally in reading this report one assumed that the expense of sanitation and the expense of the Sanitation Department were synonymous, but not more than one-fifth of the expense of the Sanitary Department was involved directly in the measures that had resulted in the eradication of yellow fever and the control of malaria. More than half the expense of the department was involved in the care of the 1,800 sick that they had constantly on hand. It was quqite evident that if people could be protected against tropical conditions at Panama, the same thing could be accomplished in any other part of the tropics. The results at Panama were so in the limelight that they were attracting attention from all parts of the tropics.

Cure the Children's Ills.

From The American Practitioner.

It is to be hoped the New York City Department of Health will obtain the increase in its budget for the Division of Child Hygiene which it is seeking. The total amount of the increase is $29,100. For this the bureau expects to hire nine additional nurses, five additional medical inspectors and eleven additional dentists, to supplement a staff which experience has demonstrated to be entirely too small to do the work allotted to it.

There are more than 800,000 school children in this city, and the number now is about 40,000 greater than it was last year. In 1912 the doctors and nurses of the Division of Child Hygiene examined more than 200,000 children for disease and found that 72 per cent, needed medical attention. But the rest had to go uncared for, whatever their ailments. It is believed that the increased staff sought will be able to care for the increased school enrolment this year, and perhaps do something toward caring for the proportion of the enrolment unvisited last year. It is poor economy to let minor ills in children develop into serious ones for lack of attention, and eventually compel attention in the city's clinics and hospitals. This increased appropriation is for a worthy purpose.

Health is City's Greatest Asset.

"The greatest asset any city can have is a healthy population," said Frank I. Cohen, recent master of works of Glasgow, Scotland, in a lecture at Unity Church, Montclair, recently. And in his talk, which was on "If Glasgow Ran American Cities," Mr. Cohen told how the Scotch city takes precautions to protect the health and lives of its people.

This principle of preserving the people's health, Mr. Cohen asserted, was the one which caused the corporation, or municipal governing body, of the Scottish metropolis to assume charge of practically all public utilities. Among the utilities conducive to health enumerated by the speaker were: Street railways, public baths, public wash houses, milk supply and sanitary sewage disposal. Although one cent for a ride of two miles is all that is charged on the street railways, Mr. Cohen said $20,000 profit was made last year by the city on its street railway system. Season and monthly tickets are sold to the working classes for a much lower rate, and blind persons with one attendant are carried free, he stated. A better class of cars, run at more frequent intervals, are now in use than when under private control.

Mr. Cohen declared the public milk stations established in New York City by Nathan Straus to be a reproach to the city government, rather than an honor to their founder. The speaker declared that a municipality and not an individual should be given credit for seeing that pure milk is provided for its poor and that future citizens should not be compelled to say their lives were saved by a necessity which the city failed to provide. A constant menace to the health of the people of New York, according to Mr. Cohen, is the sewage-polluted East River with a great population on each side of the stream. Glasgow, he stated, had been similarly threatened by the sewage-laden Clyde, but the Scotland stream had been purified by the erection of sewage disposal works, the refuse from which was sold at a profit as a fertilizer.

Because of the regulations imposed by the city on the storage, care and sale of food products, Mr. Cohen said, American meats are sold in Glasgow much cheaper than they are in New York. He contended that such care was essential to the healthy growth of a community. The manner in which washed clothing is hung from tenement-house windows in American cities was commented on by Mr. Cohen He said that in Glasgow public wash houses are provided with electric power washers and wringers and hot-

air drying rooms where women may do a family washing in an hour at a cost of one cent. Such houses, he declared, should be established in all municipalities.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, December, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending December 10, 1913, was 2,940. By age periods there were 447 deaths among infants under one year, 194 deaths of children over one year and under five years and 945 deaths of persons aged sixty years and over.

Deaths from pneumonia show an increase of 33 over the previous month. Typhoid fever shows a decrease of 15 from the previous month. Tuberculosis and other diseases of the respiratory system show a slight increase, which is usual at this season of the year.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending December 10, 1913, compared with the average for the previous twelve months, the average in each case being given in parenthesis:

Typhoid fever, 25 (26); measles, 12 (16); scarlet fever, 8 (20); whooping-cough, 24 (31); diphtheria, 63 (48); malarial fever, 1 (1); tuberculosis of lungs, 280 (302); tuberculosis of other organs, 29 (43); cancer, 190 (175); diseases of nervous system, 290 (328); diseases of circulatory system, 457 (457); diseases of respiratory system (pneumonia and tuberculosis excepted), 173 (207); pneumonia, 207 (249); infantile diarrhoea, 77 (191); diseases of digestive system (infantile diarrhoea excepted), 172 (210); Bright's disease, 232 (250); suicide, 45 (35); all other diseases or causes of death, 655 (655). Totals, 2,940 (3,254).

Bacteriological Department.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 1,395; tuberculosis, 534; typhoid fever, 240; malaria, 23; miscellaneous specimens, 105. Total, 2,297.

Bureau of Contagious Diseases and Sanitary Inspection.

COMMUNICABLE DISEASES FOR NOVEMBER, 1913.

The following cases of communicable diseases were reported during the month of November, 1913: Typhoid fever, 163; diphtheria, 721; scarlet fever, 295; tuberculosis, 261; chicken-pox, 216; small-pox, 3; malaria, 22; anterior poliomyelitis, 7; trachoma, 7, and opthalmia, 6—a total for the month of 2,058 cases. During November, 1912, there was a total of 1,840 cases of communicable diseases reported.

Typhoid Fever—The number of reported cases shows that typhoid fever was much more prevalent during the month of November, 1913, than in the corresponding month of 1912, there being 163 cases reported in November of the present year against 94 cases during November of the preceding year.

Diphtheria—Diphtheria has continued unusually prevalent throughout the State, resulting in reports of 721 cases for the month, a slight increase over the number of reports received in November, 1912, Hunterdon, Ocean and Sussex being the only counties from which no reports of cases were received.

Scarlet Fever—From the reports of cases it appears that scarlet fever was but slightly less prevalent during November, 1913, than in 1912.

Tuberculosis—The educational work being done by State and local boards of health, supplemented by the activities of civic bodies and interested individuals, in their fight against the ravages of this disease, is aiding in securing a marked improvement in the registration of cases, and should result in an improvement in the conditions under which infected individuals live and work and eventually be followed by a greater decrease in the death rate from tuberculosis.

Small-pox—Three cases of small-pox reported were of the mild type of infection that has been prevalent in several localities in the State for more than a year past.

Bureau of Food, Drugs, Water and Sewerage.

During the month ending December 31, 1913, 655 samples of food and drugs were analyzed in the State Laboratory of Hygiene, with the following results:

The samples of all the following articles were found to be above standard:

Cheese, 9 samples; cream, 10; canned salmon and tunny fish, 7; jellies, 7; olive oil, 34; vanilla substitute, 4; 3 samples each of lemon extract, maple syrup, canned tomatoes, vanilla; 2 samples each of cornmeal, jam, canned pears, grain alcohol and bayrum; 1 sample each of Bordeaux sauce, candy, canned cherries, flour, ground ginger, ground pepper, raspberry syrup, Sesame oil, canned strawberries, beef, iron and wine, blood purifier, camphorated oil, compound sarsaparilla, hair tonic and vomiting syrup.

The following samples were found to be below standard: 14 of the 243 samples of milk, 13 of the 67 of butter, 3 of the 15 of canned sardines, the 2 of frankfurters, 10 of the 11 of lard, 6 of the 11 of vinegar, 2 of the 4 of cough syrup, the 1 of essence of ginger, 15 of the 67 of lime water, 2 of the 3 of liniment, 20 of the 41 of spirits of camphor, 1 of the 2 of iodine tincture, 17 of the 80 of witch hazel.

Twenty-two suits were begun against persons whose samples were found to be below standard.

Bureau of Creameries and Dairies.

During the month 585 inspections were made, as follows: 554 dairies, 11 creameries, 6 milk depots, 14 ice cream factories. Number of dairies scoring about 60% of the perfect mark, 330 (59.55%); number of dairies scoring below 60% of the perfect mark, 217 (39.20%); number of dairies relinquishing the sale of milk, 7 (1.37%); number of ice cream factory licenses recommended, 7.

Seven cow stables were disinfected on account of having housed tuberculous animals. These stables were located as follows: Burlington County, 2; Essex County, 1; Somerset County, 1; Sussex County, 1; Union County, 2.

Eighteen dairymen were sent notices to improve their methods in handling milk within a

specified time. These dairies supply milk to the following municipalities: Asbury Park, Atlantic City, Passaic, Perth Amboy, Princeton and Trenton. The production and sale of milk were prohibited on three dairies, the milk from which had been distributed in New Brunswick, Passaic and Paterson.

Three dairymen were summoned to appear before the board to show cause why they should not be prohibited from selling milk. This was on account of their failure to meet the board's requirements. The dairies are located in the vicinity of North Bergen, Allentown and Asbury Park. During the month of December the force of the bureau have been principally engaged in completing the inspection of the entire milk supplies of Trenton, Princeton, Dunellen, Rahway, Ramsey, Ridgewood, Long Branch, Asbury Park and Atlantic City.

During the month ending December 31, 1913, 114 inspections were made in 54 cities and towns, the largest number in any place having been: Newark, 14; Trenton, 11; Camden and Jersey City, 9 each; Elizabeth and Hoboken, 4 each; Hammonton, Salem and Summit, 3 each.

The following articles were examined during the month, but no samples were taken: Milk, 283, butter, 420; food, 610; drugs, 655.

Other inspections were made as follows: Milk wagons, 131; milk depots, 50; grocery stores, 297; drug stores, 110; confectionery stores, 5; cold storage warehouses, 10; butter stores, 3; meat markets, 7; rendering plant, 1; slaughterhouses, 13; bakeries, 5; canning factories, 1; produce markets, 12; investigations relating to barber supplies, 15; hog cholera investigation, 1.

Number of days spent in court by chemists during the month, 20.

Eighteen samples of oysters were examined during the month, collected from various oyster beds.

MEAT INSPECTIONS.

Beef, 2 hind quarters and 2 fore quarters condemned; beef, 4 fore quarters passed; veal, 1 calf carcass condemned.

Bureau of Food, Drugs, Sewerage and Water.

Total number of samples analyzed in the Water Laboratory	163
Public water supplies	112
Special public water supplies	15
State institution water supplies	8
Private water supplies	19
Bottled water supplies	1
Dairy water supplies	2
Ice samples	1
Sewage samples	5

INSPECTIONS

Water supplies and water purification plants inspected at Allentown, Bridgeton, Burlington, Elizabeth, Gloucester 2, Haledon, Lumberton, Marlton, Millville, New Brunswick, Pompton Lakes, Rahway, Roebling, Skillman (State Village for Epileptics), Stanhope, Trenton, Woodbury.

Bottled water supplies inspected at Wilburtha, Mercer County (Keystone Spring Water Company).

Watershed inspections at Blackwood, Lumberton, Medford, Millville, Mount Holly, Salem, Vincentown.

Ice manufacturing plants inspected at New Egypt (New Egypt Ice Company).

Sewage disposal plants and sewerage systems inspected at Asbury Park, Asyla, Atlantic Highlands, Audubon, Avalon, Beverly 2, Boonton, Bridgeton, Butler (factory wastes), Dover, Freehold, Gibbsboro, Glen Gardner, Grenloch (Bateman Manufacturing Company), Highlands, Hightstown, Island Heights, Jamesburg (State Home for Boys), Lakewood, Long Branch (Seaboard Utilization Company), Maywood (factory wastes) 2, Medford, Merchantville 2, Millville 2, Moorestown, Morris Plains, Ocean City, Powerville (factory wastes), Princeton, Red Bank, Ridgewood, Riverside 2, Roebling, Secaucus, Stone Harbor, Wildwood, Wortendyke (Granite Linen Mills).

Stream inspections on the Delaware River and tributaries, Elizabeth River and tributaries, Hackensack River and tributaries, Lake Hopatcong and tributary, Millstone River and tributaries, Passaic River and tributaries, Paulins Kill and tributary, Toms River and tributary, Whippany River and tributaries.

Number of stream pollutions reported	99
Reinspections of stream pollutions made	93
Stream pollutions found abated	52
Notices to cease pollution issued	29
Cases referred to the Attorney General	9
Plans for sewage disposal plants, sewerage systems and extensions approved	12
Bottled water supplies approved	1

NEW AND NON-OFFICIAL REMEDIES.

The following articles have been accepted for inclusion with New and Non-Official Remedies:

The Bayer Company, Inc.: Elarson; Elarson Tablets.

Hynson, Westcott & Co.: Sterile Ampoules of Mercury Salicylate; Salvarson—"606"—Ehrlich, Suspension in Ampoules; Neosalvarsan, Ehrlich, Suspension in Ampoules.

Mallinckrodt Chemical Works: Sodium Acid Phosphate.

Parke, Davis & Co.: Emetine Hydrochloride Ampoules.

Powers-Weightman-Rosengarten Co.: Sodium Acid Phosphate.

Radium Chemical Co.: Radium Chloride; Radium Sulphate.

Change of Title:—

Fairchild Bros. & Foster: The manufacturer having changed the name Essence of Pepsin, Fairchild to Pepsencia, the Council directed that the corresponding change of title be made in New and Non-Official Remedies.

Articles Omitted from N. N. R.:—

Armour & Co.: Having been withdrawn from the market the Council voted that Glycerole Trypsin, Armour, be omitted from New and Non-Official Remedies.

Pitman-Myers Co.: Having voted not to accept papain for inclusion with New and Non-Official Remedies, the Council voted to omit the Aromatic Cordial, P. M. Co., from the appendix to New and Non-Official Remedies.

Since publication of New and Non-Official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Digipoten.—Digipoten consists of the digitalis glucosides in soluble form, diluted with milk sugar to give it a strength equal to that of digitalis of good quality. Digipoten is adjusted by the frog and guinea pig methods to have a strength of 1400 heart tonic units and by chemical assay to contain from 0.3 to 0.4 per cent. digitoxin. The action, uses and dosage of digipoten are the same as those of digitalis. It is sold in the form of a powder, which is soluble in water, and as Digipoten Tablets, each containing 0.03 gm. The Abbott Alkaloidal Co., Chicago, Ill.

Tannigen Tablets.—Each tablet contains tannigen (see N. N. R., 1913), 0.5 gm. The Bayer Co., New York City (Jour., Dec. 6, 1913, p. 2069).

Bordet-Gengou Bacillus Vaccine for Whooping-Cough Prophylaxis.—Greeley Laboratories, Inc., New York.

Bordet-Gengou Bacillus Vaccine for Whooping-Cough Therapy.—This vaccine is believed to be of service in the prevention and also in the treatment of whooping-cough. Greeley Laboratories, Inc., New York City.

Culture of Bacillus Bulgaricus, Fairchild.—A liquid culture of the Bacillus Bulgarious. The culture is sold in packages containing 6 and 30 vials, respectively. The culture is used internally in the treatment of intestinal putrefactive diseases and as an application to body cavities in the treatment of suppurative conditions. Fairchild Bros. & Foster, New York (Jour. A. M. A., Dec. 13, 1913, p. 2158).

Slee's Antimeningitis Serum.—For description of Antimeningococcus Serum see N. N. R., 1913, p. 215. The Abbott Alkaloidal Co., Chicago.

Slee's Antistreptococcic Serum.—For description of Antistreptococcus Serum see N. N. R., 1913, p. 216. The Abbott Alkaloidal Co., Chicago (Jour. A. M. A., Dec. 20, 1913, p. 2242).

Thoughts for the Thoughtful.

Error is worse than ignorance.

A wise man is continually adding to his wisdom.

An inward sincerity will, of course, influence the outward deportment; but where the one is wanting, there is great reason to suspect the absence of the other.

That country is the richest which nourishes the greatest number of noble and happy human beings; that man is the richest who, having perfected the functions of his own life to the utmost, has also the widest helpful influence, both personal and by means of his possessions, over the lives of others.

We cannot safely ignore any criticism that we may hear of ourselves or our work. Shutting our ears to the voice of blame, disapproval, or censure, which we may hear, may be to refuse a warning that would have saved us—Grace Goodhouse.

Be not uneasy, discouraged or out of humor because practice falls short of precept in some particulars. If you happen to be beaten return to the charge.—Marcus Aurelius.

"Take time to speak a loving word
Where loving words are seldom heard;
And it will linger in the mind,
And gather others of its kind
Till loving words will echo where
Erstwhile the heart was pure and bare;
And somewhere on thy heavenward track
Their music will come echoing back."

"Some people are always grumbling because roses have thorns; I am thankful that thorns have roses."

There's a little word below with letters three,
Which, if you only grasp it's potency,
Will send you higher
Toward the goal where you aspire
Which, without its precious aid, you'll never see—
NOW !

Success attends the man who views it right;
Its back and forward meaning differ quite;
For this is how it reads
To the man of ready deeds,
Who spell it backward from achievement's height—
WON !

IMPERFECTION.—Through the very consciousness of imperfection man gains an ideal which rises above and beyond experience. If man is dissatisfied with himself, he becomes aware of limits beyond which he would pass, and in so doing he reaches after a standpoint which is farther on.—Selected.

RICHES—It is not what we have, but what we can do without, that makes us rich. Socrates, seeing a large load of valuables pass one day, exclaimed, "I am most happy, for there are so many things that I do not want!"

TRUE HEROISM.—To stand with a smile upon your face against a stake from which you cannot get away—that, no doubt, is heroic. But true glory is not resignation to the inevitable. To stand unchained with perfect liberty to go away, held only by the higher claims of duty, and let the fire creep up to the heart—this is heroism.—F. W. Robertson.

Facetious Items.

"What have you done for the betterment of mankind?" asked the scornful female person.

"Me?" answered the plump and widowly looking one. "I have been a better half to no fewer than three of them."—New York Press.

When Samuel Alschuler, who not so very long ago was a candidate for the governorship of Illinois, was engaged in stumping the State, he had occasion to address a gathering composed almost entirely of farmers. He wished to impress on them that he also was a farmer.

"Why, friends," he exclaimed, "I was literally raised between two hills of corn."

"Whereat one of his raptured auditors spoke up: "A pumpkin head, b'gosh!"

A well-known Boston physician has the reputation of being exceedingly gruff, especially with those who he thinks are trying to beat him. The doctor was present at a social affair the other evening when a "deadbeat" whom the doctor knew of old, approached.

"Doctor," said this man, "what is the best thing for a cold?"

"Competent medical advice," replied the physician shortly, as he turned on his heel.

—Boston Travelor.

Diagnosis of a Monstrosity.

Dr. W. T. Bertrand tells the story of a young man who started to practice medicine in a village of Indiana in the days when medical practice acts were not as stringent as they are at the present time It could not be ascertained that any institution had conferred upon him the degree of M. D. He was soon called in to attend an obstetrical case. He made his examination, called the husband to one side, and said: "I hate to convey this information to you, but your wife is giving birth to a monstrosity. There are no bones in the head; it has but one eye, and its nose is where the other eye should be." It is needless to state that a genuine practitioner, who was then summoned, found a breech presentation and soon delivered a healthy baby boy.—"Stories of Doctors, etc."

Dr. Abernethy once visited a crusty old laird who was laid up with gout. He wanted to get out with his gun and was in a temper and while the doctor was looking at his foot swore roundly at him for tinkering at his toes and asked him:

"Why don't you strike at the root and get me better?"

Solemnly the doctor got up, took his walking stick and smashed to pieces a decanter of wine which was standing on the table. The astonished laird sprang to his feet and demanded an explanation.

"Oh," said the doctor, "I am only striking at the root."

"I never can believe a word that woman says."

"It's rather funny. She said the same thing about you yesterday."

"That's just like her. How can you have confidence in any one who talks about another behind her back?"—Chicago Record-Herald.

Hix—Why didn't you congratulate Thompson on his marriage?

Dix—I couldn't. Don't know his wife.

Hix—Then why didn't you congratulate her.

Dix—I couldn't. I know Thompson.

"I say, doctor, did you ever doctor another doctor?"

"Oh, yes."

"Well, tell me this. Does a doctor doctor a doctor the way the doctored doctor wants to be doctored or does the doctor doing the doctoring doctor the other doctor in his owy way?"—Kansas City Journal.

FOR SALE—Residence and offices of a leading physician of East Orange; recently deceased; most desirable location; suitable for general practitioner; could be arranged for sanitarium.

CHARLES S. MENAGH, Executor,
291 Main Street, Orange

PEARSON HOME

For the Treatment of Drug Addictions

Avoidance of shock and suffering enables us to treat safely and successfully those extreme cases of morphinism that from long continued heavy doses are in poor physical condition.

HILLSDALE, - - BALTIMORE, MD.

The Ellis Sanitarium

METUCHEN, N. J.

Penn. R. R. 25 miles N. Y. ***New.*** Just opened. Beautifully situated. Modern methods. Rest, chronic, convalescent and nervous cases. Especially quiet, homelike and refined. Inspection invited.

A. L. ELLIS, M. D.,
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CANCER CONTROL.

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PRE-CANCEROUS LESIONS.

To improve the results, to increase the number of cures of cancer, there are two factors over which we have control—the duration of the disease and the treatment.

Long experience and investigation seem to show that cancer never begins in healthy tissue. There is always a pre-existing local defect which is benign and in which later there may be a cancerous development.

When this previous defect is situated on the skin, or beneath the skin, or on the mucous membrane of the lip, tongue and mouth, everyone is aware of the little lesion. These previous defects or local lesions in which cancer may develop may be called pre-cancerous.

The complete removal or complete healing of these pre-cancerous lesions will in my experience accomplish a cure in one hundred per cent. of cases, that is, none of these people will die of cancer in a growth in the situation from which the pre-cancerous growth has been removed.

Such cases cannot be called actually cured of cancer, but we can be quite certain that such treatment prevents cancer in many, if not all of the patients treated.

First, little tumors which may have been present since birth, or noticed later in life. These little tumors may occur on the skin as warts, moles or naevi. They may be felt beneath the skin as hard or soft nodules the size of shot, peas, beans, or larger, and they may be felt deeper, as in the breast, thyroid gland, deep in the neck.

Second, unhealed ulcer of the skin and mucous membrane. Here there may be a wound, or a burn, or some injury or disease which destroys the skin or mucous membrane. The wound never heals, or heals badly, and then breaks down, the open sore remains for weeks, months or years, often irritated by the patient. At any time, usually after months or years, cancer may develop in such an ulcer. Such ulcers are especially dangerous on the tongue, and one week's delay here is equivalent in danger to six month's delay for a like ulcer on the lip.

Third, some form of chronic irritation of the skin and mucous membrane which does not actually destroy them. For example, chronic inflammation and irritation about bad teeth (cancer of the gum never develops about healthy clean teeth.) Inflammation and irritations of the mucous membrane of the mouth, lip or tongue in smokers, from chewing tobacco, or from snuff. This tobacco irritation may lead to the formation of white patches (leucoplakia), or ulcers, or thickening of the mucous membrane. Cancer at any time may develop in these areas of irritation.

All of these pre-cancerous lesions, tumors, unhealed ulcers, areas of chronic irritation and inflammation of the skin and mucous membrane are recognized by their hosts the moment they begin. Delay in treatment is due to ignorance, fear or skepticism.

As stated before, treatment in this early pre-cancerous stage—if proper treatment—should accomplish one-hundred per cent. of permanent cures.

Any treatment which does not completely remove the little tumor, or accomplish the healing of the ulcer, or completely excise the ulcer, or stop the irritation of the skin or mucous membrane, or any treat-

ment which does not completely excise the ulcer—the result of the irritation—is more dangerous than no treatment at all.

In this stage good surgery should give one-hundred per cent. of cures. In this stage bad treatment is dangerous. Far better to delay for good treatment, than to subject one's self to bad treatment in this stage.

Bad treatment is incomplete removal of the little tumor or ulcer; irritating treatment which does not destroy completely the cells in the tumor, ulcer, or area of irritation. Such irritating treatments are: application of caustics, curetting, improper use of X-ray and radium, and carbon dioxide snow.

Bad Treatment. These pre-cancerous lesions may in some cases be completely destroyed by the application of caustic salves, or curetting, or X-ray or radium, but with such treatment a piece is rarely, if ever, saved for microscopic study.

This treatment is dangerous, first, because it may be incomplete; second, there should always be a microscopic study of a piece of the pre-cancerous lesions, because in some cases cancer develops very quickly and can only be recognized with the microscope.

It takes less time to completely excise such pre-cancerous lesions with the knife (combined with the actual cautery in some cases, in certain localities, for instance, the tongue.) The operation in most instances can be done under local anesthesia without pain or discomfort. With good surgery the scar will always be the least possible after any method of treatment.

With such proper surgery a piece of the lesion excised may always be studied at once with the microscope and the possibility of an early development of cancer recognized. This in some cases would lead to an immediate more radical operation.

My investigation over a period of twenty years with almost three thousand cases, demonstrates that in cancer in accessible regions like skin and mucous membrane of mouth, lip and tongue, and subcutaneous areas, that is, with palpable nodules, ulcers and areas of irritation, good surgery in this pre-cancerous stage should accomplish one hundred per cent. of cures, because this early recognition and treatment lead to the complete eradication of the pre-cancerous lesion still benign, or to the recognition of the earliest stage of cancer by the microscopic study of the piece excised, and thus leads to the radical operation indicated at a period most favorable for the cure of cancer.

Pre-cancerous lesion of the internal organs are difficult to demonstrate and will not be discussed in this paper, but I agree with William and Charles Mayo and others that gastric ulcers and chronic irritation of gall stones and inflammation of the gall bladder should be looked upon as pre-cancerous lesions and lead to good, appropriate surgical treatment in the earliest stage of the disease. This treatment will be indicated by what the patient complains of, because rarely, if ever, can a tumor or ulcer be felt.

The great hope for increasing the number of cures of cancer and decreasing the number of deaths from cancer, lies in the education of the public and the profession on the significance and potential danger of the pre-cancerous lesion; the education of the surgeon as to the best surgery and the education of the surgeon and the pathologist as to the recognition of the earliest stage of the beginning of cancer in the benign pre-cancerous lesion.

The excision of the pre-cancerous lesion has the great advantage of allowing a microscopic study. There is no other way of excluding the possibility of cancer.

The short duration of the pre-cancerous lesion does not preclude cancer. The long duration does not indicate cancer.

The microscopic investigation not only leads to a decision whether it is cancer or not, but, if it is cancer, to the type of cancer. These microscopic diagnosis in the pre-cancerous lesion—benign, early cancer, type of cancer—lead to immediate operations, which in some cases are radically different for the benign and for the cancer, and for the different types of cancer.

Any treatment, therefore, which does not allow the examination of a microscopic section is not devoid of danger and is not the best treatment.

The best results, therefore, in the pre-cancerous stage, where the factor of the duration of the disease is controlled, rests upon good surgery and good pathological diagnosis.

To repeat, incomplete treatment in this early stage often yields worse results than complete treatment in a later stage.

BREAST TUMORS.

Results of an investigation of about 1,300 cases recorded in the Surgical Path-

logical Laboratory of the Johns Hopkins Hospital and University during the past wenty-four years.

From this investigation we can say to ny woman over twenty-five years of age, hat if she submits to an operation within few days after the lump in the breast s first noticed, her chances are about fifty er cent. that the lump will be benign and hat a cure can be accomplished by the reoval of the lump only, and that in the najority of cases the breast will not have o be sacrificed.

If at the exploration of this lump it hould prove to be malignant her chances re one out of four that the type of ancer is the least malignant, and our exerience demonstrates that the immediate adical operation yields one hundred per ent. of cures. At the very worst, at this arly period, the probability of a permaent cure is eighty-five per cent.

During these twenty-four years we have ecorded 753 malignant tumors and 542 enign. In recent years during which paients have sought advice, earlier, the relaive number of benign tumors has gradally increased. This suggests that many nalignant tumors have their origin in enign after a period of months or years.

The following table shows the results of he propaganda of local education:

	1908	1913
noperable	27.5%	18%
Recurrent	9 %	6%
Five-year Cures	35 %	42%
Local Recurrence	10 %	10%

This table shows that in the past five ears the per cent. of inoperable cases has een reduced from 27 to 18, recurrent cases rom 9 per cent. to 6. Five-year cures ave been increased from 35 to 42 per cent. This is entirely due to earlier intervention n educated women, and is not due to beter surgery. That the local recurrences ave remained the same suggests that the urgery has not improved. This is purely surgical problem and will be discussed n a separate contribution.

By recurrent cases we mean patients perated on (with few exceptions incompletely) elsewhere and who have entereed he clinic with local recurrence in the region f the scar.

Results in Adenocarcinoma.

All cases 35—76% of cures.
Early cases 15—100% of cures.
Late cases 20—64% of cures.

These figures—35, 15 and 20 represent the actual number of patients apparently cured five years or more since operation.

By early cases I mean those in which there was only a lump, that is, which were clinically benign. The operation in these instances consisted of an exploratory incision into the lump and after the immediate diagnosis of cancer the cauterization of the wound with pure carbolic acid or the actual cautery followed immediately by the complete Halsted operation.

In the late cases the clinical signs of cancer were present—retracted nipple, changes in the skin. The complete Halsted operation was performed without an exploratory incision.

I wish to emphasize, first, that in the early cases—the clinically benign—there was a delay of but a few minutes between the exploratory incision into the lump and the radical extirpation.

Second, there is no difference in the gross or histological pathology between the early cases, clinically benign, and the late cases, clinically malignant, no difference in the operative treatment, except the exploratory incision in the early cases. The only difference, therefore, is in the result—early cases, proper intervention 100 per cent. of cures; late cases 64 per cent. of cures.

The adenocarcinoma are the least malignant form of carcinoma of the breast. Only 3 per cent. (4 cases) have been inoperable, and there has been but one local recurrence.

Results in Carcinoma.

The more malignant forms of carcinoma have been designated medullary, scirrhus and cancer cysts. The results have been as follows:

All cases cured, 92 or 36%.
Early cases, 12 cured or 85%.
Late cases, 80 cured or 33%.

These figures show that early intervention properly performed upon a lump in the breast offers at the worst 85 per cent. chances of a probable cure.

Do we need better evidence than this to convince women of the importance of looking upon a lump in the breast as an acute disease and seeking immediate competent surgical advice?

There are two factors over which we have control—the duration of the disease and the surgery. We cannot influence the pathology.

Age of Onset. There is an erroneous

impression that benign tumors are rare after twenty-five. Of 407 benign lesions of which I have accurate data, in 95 the age of onset was less than twenty-five years; in 302, or 75 per cent, over twenty-five years. These cases are pretty evenly distributed between twenty-five and sixty years of age. The age, therefore, in patients over twenty-five is not at all helpful in differentiating a benign from a malignant lesion.

Duration of the Disease. It is interesting to note that patients with benign lumps as a rule seek advice earlier than patients with malignant tumors. Both have lumps. Why should the individual with the benign lesion seek advice earlier? This is due to the fact that pain is more frequently present in a benign tumor of the breast than in the malignant. Pain is a symptom of the late stage of cancer, not of the early stage.

It is quite true that benign lumps may remain in the breast quiescent for years. It is also true that some of the cured cases of cancer of the breast had observed the lump for many years. It is also true that lumps appear in the breast and disappear (simple cysts.) These facts apparently have had more influence on the minds of the laity and perhaps the majority of the profession. Yet, these facts are the exceptions to the rule. It is what the patient and the physician would like to have happen, but as a rule is not what really does happen. Delay, after the lump is observed, in women over twenty-five years of age is a distinct gamble with death, with everything in favor of the latter. Nothing can be gained by delay. The operation is inevitable. To have this operation at once offers the greatest chances of avoiding loss of the breast. If the nature of the disease renders this indispensable, the patient is repaid by the greatest probability of a cure, at worst 85 per cent.

Incomplete Operations. It is of the utmost importance for the surgeon, the physician and the public to know the danger of incomplete operation for malignant tumors of the breast. Incomplete removal with the knife of a malignant lesion anywhere is worse than no treatment at all. These disastrous results are especially evident in cancer of the breast and tongue.

In 11 cases of adenocarcinoma—early cases, clinically benign, there has been but one cure (9 per cent) after incomplete operation, and operations in two stages.

Clinically and pathologically, these 11 cases were apparently in all respects identical with 15 cases subjected to exploratory incision followed immediately by the complete radical operation with 100 per cent. of cures. Therefore, we may state that in the least malignant form of cancer of the breast our records show that incomplete operations in the early stage reduce the probabilities of a cure from 100 to 9 per cent.

It is only just to Dr. Halsted's clinic to state that in only three instances has this happened and that many years ago. The other cases were received from outside sources. Usually the tumor only, now and then the breast have been sent to the laboratory for diagnosis, the malignant nature has been recognized and reported, the complete operation followed in a few days or weeks. Among the cases in which five years or more have elapsed since the operation, there is but a single cure, and in this case the breast was removed at the first operation.

Among seventeen cases of the more malignant forms of carcinoma subjected to incomplete operation, in which it is five years or more since the operation, there is not a single cure. That is, these patients who should at the worst have had 85 per cent. chances of a cure, had none.

In early cases, clinically benign, we must make an exploratory incision for diagnosis. Otherwise every woman with a lump in her breast would have to be subjected to the radical operation for cancer. This differential diagnosis at the exploratory operation is a surgical problem. It is not an extremely difficult one, but every surgeon who proposes to take this responsibility should not do so without preliminary training which is easily available in this country.

When there is any doubt as to the diagnosis, it is safer to do the complete operation for cancer.

In my records of 542 cases of benign lesions 54 have been treated for cancer—about 10 per cent. In 27 of these cases the benign lesion had all the clinical signs of cancer. Confronted with such conditions it is wiser for the surgeon always to operate as for cancer. In the remaining 27 cases the condition was mistaken at the exploratory incision. Now, ten per cent. of unnecessary radical operations are nothing as compared with five per cent. incomplete operations for cancer.

It is my opinion that, if we will all unite

in this propaganda of the education of women as to the best treatment for a lump in the breast, the number of deaths from cancer of the breast will be tremendously reduced in a very few years.

Frederick L. Hoffman, Statistician of The Prudential Life Insurance Company, gives the following figures; based upon the mortality records in Philadelphia between the years 1878 and 1903: The deaths from cancer of the breast were 1,684, or a rate per 1,000,000 of 128.89. This rate is only exceeded, and that but slightly by cancer of the stomach and of the uterus.

CANCER OF THE LIP.

Comparative table of results in cancer of lower lip, as ascertained in 1908 and 1913 in the Surgical Pathological Laboratory of the Johns Hopkins Hospital and University:

	Total	1908	1913
Benign Lesions	15	6=4%	9=18%
Malignant Warts	18	15	3
Cancer Totals	167	129	38
Operable	138	103	35
Bone Involved	10	8=18%	2=8.5%
Inoperable	19	18=18%	1=8.5%

This table shows that the local propaganda of education has increased the benign lesions in which there are 100 per cent. of cures from 4 to 18 per cent. and decreased the hopeless or inoperable cases from 18 to 5 per cent.

The period 1908 represents 19 years—from 1899; the period 1913—five years.

The following table gives the per cent. of cures in the Operable Cases of Cancer up to 1908:

We know that X-ray has no effect on metastatic glands in the neck, and we have no data to indicate that radium will be any more effectual. Therefore, granting that X-ray or radium may now and then cure the lesions on the lip, the patient still runs the risk of metastasis to the glands. It is, therefore, a very dangerous treatment to employ X-ray and radium for any operable cancer of the lip.

Of the 18 cases of malignant warts which are not included in the above table, 17 have been cured: 15 of these are five-year cases.

Table Showing the Duration of the Disease and Lesions of the Lower Lip Before Operation.

Less than 3 months	11
3 to 6 months	18
6 to 9 months	17
9 to 12 months	17
12 to 18 months	21
18 months to 2 years	7
2 to 3 years	29
3 to 5 years	18
5 years and over	32
Total of Cases	170

This table shows the necessity of a propaganda of education. In only 11=7% of cases have patients sought advice for the little lesion on the lower lip at the most favorable period—within the first three months of its existence. There is really no necessity for the delay of even three months, because within this period metastasis to glands has taken place in 2 cases one of which has been cured.

Of these 11 patients 10=91% are well.

Excision of	Primary Total	Primary Cured	Primary Local Recur'ce	Recurrent Total	Recurrent Cured	Recurrent Local Recurrence
Lip Lesion	11	7=63%	1	5	1=20%	3
Lip and Glands						
No Metastasis	21	20=95%	1	5	3=60%	2
Metastasis	12	6=50%	1	5	1=20%	4
Totals	44	33=75%	3	15	5=33%	9

This table shows that any previous treatment of the little lesion on the lip which is not effectual reduces the chances of a cure from a later proper operation from 75 to 33 per cent.

In cancer of the lip the glands of the neck beneath the jaw should always be thoroughly removed. The probability of their involvement is at least 36 per cent.

The lesions in these 11 cases were as follows: 3 benign—all well; 2 malignant warts—both cured; 6 fully developed cancers: in 4 of these the glands showed no metastasis, and these patients are well, in 2 the glands showed metastasis, the paetient whose glands were removed at the first operation is well; in the second patient the glands were not removed as they should

have been at the first operation, and this patient died of cancer of the glands of the neck.

The per cent. of cures, therefore, in the 6 cases of cancer in which the lesion had been present 3 months or less, is 83% as compared with the average of 75% in all cases. The per cent. of cures in the 4 cases of cancer without metastasis to the glands is 100%, as compared with 95% in all cases without metastsis to the glands.

Had the glands been removed at the primary operation in this one case, the chances are that the per cent. of cures in this group would be 100%.

This gives the facts in a nutshell. Patients with little lesions of the lip who submit to the simple operation at least within three months of noticing the lesion should have 100% chances of a cure, if the surgery is thorough. We have no available evidence that any other method of treatment promises results which can compare with these.

The two factors over which we have control are the duration of the disease and the treatment. It should not be a difficult matter to educate the public to both.

The etiological factors in cancer of the lower lip are: Burns from smoking, wounds from teeth, irritation from carrying nails and other foreign material between the lips, unhealed fever blisters, cracks and chaps. The little lesion can always be immediately seen and felt. Pain is usually absent. When the lesion is first observed smoking should cease, the teeth should be put in order, the habit of biting the lips or carrying foreign material between them corrected, the little lesion should never be touched with caustics, or picked. If it does not heal within three weeks, it should be excised. This can be done under local anesthesia without pain or mutilation. The lesion should be excised with a good margin of healthy tissue and subjected to microscopic examination, because it is possible that cancer may have developed, even within one month, although this is very unusual.

If cancer has developed the glands of the neck must be removed.

When this rule is followed in every case, no one should fear cancer of the lower lip. There will be no mutilation, and the danger of even the operation on the glands in the hands of a competent surgeon is negligible.

CANCER OF THE TONGUE.

Comparative table of results in cancer of the tongue as ascertained in 1908 and 1913 in the Surgical Pathological Laboratory of the Johns Hopkins Hospital and University. (See table below.)

This table demonstrates that the local propaganda of education has increased the very early benign lesions from 8 to 30%. In this stage 100% of cures are always accomplished by proper treatment—the excision of the local area on the tongue under local anesthesia—a simple, painless operation.

The 4 cases of malignant warts have been cured. These represent the earliest stage of cancer. The operation necessary to cure is the same as for the benign lesions.

The inoperable, hopeless cases have been decreased from 18% to 10%. This, of course, is still too large.

The post-operative deaths remain the same—about 22%. These deaths, however, have only occurred after the most extensive operations for cancer in its very late stages and are the direct result of delay on part of the patient.

The cures have increased from 21% to 50%. The improvement is really greater, because in the 1908 cases 15 have been lost

	Totals	1908	1913.
All Cases	100	70	30
Benign Lesions	15	6=8%	9=30%
Malignant Warts	4	3	1
CANCER	81	61	20
Inoperable	13	11=18%	2=10%
Postoperative Deaths	15	11=22%	4=22%
Lost track of	18	15	2
CURED	11	5	6
out of cases	36	24	12
percent	30%	21%	50%

rack of, while in 1913 cases only 2 cases were not traced.

This great improvement in the number of cures is due chiefly to the education of certain individuals to seek advice very quickly after the first appearance of the lesion on the tongue.

The operation in the early stage of cancer of the tongue not only promises a larger probability of a cure, but the necessary operation is less dangerous and involves practically no mutilation.

The only hope of accomplishing cures in the later stages of cancer of the tongue rests upon the removal of a piece of the lower jaw. This operation has an element of danger and is mutilating.

One week's delay after the first appearance of a lesion on the tongue involves a greater risk than three months' delay for a similar lesion on the lower lip, and one year's delay for a similar lesion on the skin of the face or body.

There is absolutely no reason for this delay, if the people but understood the situation.

The chief irritating factors in cancer of the tongue are burns from smoking, irritation and wounds from teeth, syphilitic ulcers and the irritation of chewing snuff by mouth.

The moment an individual notices any lesion on the tongue, floor of the mouth, or mucous membrane of the oral cavity, or little white patches tobacco should be discontinued at once, the teeth should be put in absolute order, there should be a Wassermann test made for syphilis and if this is positive immediate treatment with salvarsan. If the little lesion does not heal within two weeks, it should be excised by a competent surgeon.

With the knowledge of these facts none should fear death from cancer of the tongue, nor the operation for its cure, nor mutilation.

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Can it be Proved From Clinical and Pathological Records That the Number of Cures of Cancer Will be Greatly Increased by The Proper Excision in the Earliest Pre-cancerous or Cancerous Stage of the Local Disease?

American Journal of Medical Science, Jan., 1914. Vol. cxlvii, p. 76.

Read before the American Association for Cancer Research, Washington, D. C., May, 1913.

CANCER CONTROL: EARLY RECOGNITION.

From a public address by Prof. Bloodgood, at Hagerstown, Md., Jan. 6, 1914.

We should educate ourselves to fear the beginning and not the end of cancer.

Fear and pain usually come late in external cancer.

Cancer never begins in a healthy spot—every one is duly warned. In external cancer of the skin or lip or tongue or breast there is always something first to be seen with the eye or felt with the finger, such as a wart, or a mole, or a lump or a scab, or an unhealed wound or sore—pain is rarely present.

In internal cancer one is always warned by a feeling of discomfort or some hitherto never experienced sensation, associated often with what is called indigestion.

In the beginning there is no difference between the warnings of cancer and diseases that are not cancer.

The price of protection is education.

In educating the people we must not attempt too much at first.

When you consult a physician insist upon thorough examination first and not treatment.

Delay is gambling with death.

Medicine which relieves pain and does not as a rule have any good effect upon the disease itself; it simply produces a period of freedom from discomfort and therefore delays the best time for treatment.

If you insist upon a thorough examination first you will get it from a good doctor, but even a good doctor cannot force an examination upon you. Spend your money in the beginning for the best examination and treatment when you will get the best results.

If you do not have the money you can get the best treatment from good doctors just the same.

In the beginning the large majority of cases of cancer are curable.

Remember that you will always be warned in time. You must learn from those who know what the warnings are.

DR. BLOODGOOD'S ARTICLE, CANCER PROBLEM, SOUTHERN MEDICAL.

The concentrated effort to ascertain the results of some five thousand cases of external cancer recorded in the Surgical Pathological Laboratory of the Johns Hopkins Hospital, was made possible this summer through the generosity of a few friends and patients.

The amount was about twelve hundred dollars. This was used to pay the salaries of two stenographers and the board and living of a

number of students. These students members of the third and fourth year Medical classes of the Johns Hopkins University volunteered their services, only their living expenses was paid out of the fund.

Letters were written to the patients and their physicians, and every effort was made to trace "lost cases." Incomplete clinical histories were made complete in many instances by writing to the patient or physician for the desired data.

In many of the cases the old sections were restudied and in others new blocks for sections made from the preserved tissues.

In every case in which there was any doubt as to the pathological diagnosis a restudy was made.

The investigation of the ultimate results is practically complete except as to the lost cases.

I am very pleased to be able to announce that a generous friend of the University and Hospital has just given me one thousand dollars, which will be employed in an effort to trace the lost cases.

The material recorded in the Surgical Pathological Laboratory comes briefly from Prof. Halsted's Clinic of the Johns Hopkins Hospital; but in addition we have received many cases from the Union Protestant Hospital through the interest of Dr. Finney and his associates there. All the material of the Surgical Clinic of St. Agnes' Hospital is sent to this Laboratory for study and record.

In addition a large number of cases have been received from surgeons, physicians and pathologists throughout the country. Many of these cases have been sent to the Laboratory for diagnosis, but a very large number have been referred in order to aid us in this investigation.

It is a great advantage to have records from different clinics and different surgeons as this allows the comparative study of methods of diagnosis and treatment which may not be alike.

The following is a list of articles already published which were made possible by this Clinical Research into the ultimate results after the operative treatment for cancer.

I wish to call attention to the fact that the number of cases and the per cents differ slightly in some of the articles.

This is due to the fact that lost cases are being traced, and as each publication is written we base the figures as they are up to the date of this publication.

So far the tracing of hitherto lost cases has improved the results.

A patient lost track of after their discharge from the clinic does not indicate death from cancer; even when the letter is returned marked dead the cause of the death may have been due to a disease having no relation to cancer.

In these figures lost cases are not considered in the results, only in the total number of cases, in the per cent of pre-cancerous lesions, in the proportion of inoperable cases, and in the frequency of post-operative death.

This will explain the apparent discrepancy between the total number of cases and the number traced five years or more.

The Legislature passed, and the Governor signed, a law last month making it a misdemeanor for any one to practice law without being licensed.

ON THE NATURE, CAUSE AND RELIEF OF NEPHRITIS.*

By MARTIN H. FISCHER, M. D.,
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Eichberg Professor of Physiology in the University of Cincinnati.

I.

We can hope to make true progress in therapy only as we are able to substitute for empirical practices well defined principles. The principles of treatment in nephritis must in turn depend upon what we hold to be the nature and cause of this clinical entity. In large part it is an oedema of the kidney in consequence of which its discussion becomes but a subheading of this larger problem of the nature and the cause of oedema. But this pathological problem of the ways and means by which a tissue comes to hold an abnormally great amount of water is in its turn but a fragment of a still greater problem which may be summed up in the question: Why does a cell, a tissue, or the body as a whole hold any water at all, and why does it under normal circumstances hold so constant an amount? The answer to this must be found before we can make progress in any of its subsidiary problems.

The various theories which have attempted the explanation of the larger problem are all admitted to be inadequate to account for more than a small part of the phenomena observed in the absorption of water by protoplasm under normal or abnormal circumstances. For them has been substituted the colloid-chemical theory of water absorption which explains without contradiction not only those phenomena which could not be explained by older theories but also those which have wrongly been regarded as supporting them.

That the amount of water held by any cell, tissue, organ, or organism under physiological or pathological circumstances is dependent upon its colloid content and the state of this colloid material, is proved by the complete analogy which exists between the absorption of water by any animal or plant tissue and the absorption of water by various simple colloids (more particularly the proteins.) A protein such as fibrin or gelatine absorbs a certain amount of water (swells, in other words,) when placed in pure water. The amount of this swelling

*This paper is an abstract of the Oration in Medicine which the author was invited to give last year before the New Jersey State Medical Society.

is enormously increased if instead of being placed in water the fibrin or gelatine is thrown into a weakly acid solution. The amount of this swelling is greatly decreased if any salt, even a neutral salt such as sodium chloride or sodium sulphate, is added to the acid solution, and this the more the greater the amount of the added salt. With a constant concentration of acid and a constant concentration of different salts these arrange themselves in a characteristic order. The chloride, bromide, and nitrate of sodium, for example, dehydrate less than the acetate, and this less than the sulphate, tartrate or citrate. Similarly the chlorides of potassium, sodium or ammonium dehydrate less than those of magnesium, calcium or strontium, and these less than those of copper or iron.

All cells and tissues examined behave in an entirely similar fashion. Thus, muscle, eyes, brain, liver, kidney, etc., swell more in any acid than they do in water. The addition of any salt to the acid reduces the amount of this swelling, and this the more the higher the concentration of the added salt. At the same concentration different salts are unequally effective in this regard, and here the same order is noted as in the case of the pure proteins, fibrin or gelatine.

The amount of swelling of fibrin or gelatine in a neutral medium corresponds with the normal swelling (normal water content) of any cell or tissue. The increased amount of swelling in fibrin and gelatine, when acid is added corresponds with the increased swelling of a cell or tissue when it is oedematous. Technically put, we say that the colloids of protoplasm have normally a certain hydration capacity, and that when the tissues have become oedematous their colloids have assumed a state of increased hydration. Just as acids bring about an increased hydration capacity of fibrin or gelatine so also does an abnormal production or accumulation of acids in the body increase here the hydration capacity of the body colloids. Not only can it be shown that every such abnormal production or accumulation of acid in the body is followed by an oedema, but conversely it can be shown that every case of oedema gives evidence of such an abnormal production or accumulation of acid. What are listed as "causes" of oedema (heart disease, arterio-sclerosis, kidney disease, hard work, intoxications and infections of various kinds) all have in common this point, that they are means by which an abnormal production or accumulation of acid in a part or all of the body may be brought about.

But acids are not the only substances which can increase the hydration capacity of a protein colloid or of a tissue, though it seems at present that they are the most important. The alkalies do this also. But more interesting is the fact that urea, pyridine, and certain amines are also able to do this. Urea and urea-like substances tend to accumulate in the body in certain types of kidney disease and many of the toxines of the infectious diseases are amines. The oedemas encountered in these clinical conditions may therefore be in part accounted for through the presence of this second class of substances in some or all of the tissues of the body in addition to the presence of acids.

But not only do all the tissues of the body hold their normal or abnormal amounts of water as hydration water in combination with the body colloids, but the liquids of the body, such as the blood and lymph, do this also. In other words, there is no "free" water analogous to the water we drink in our bodies—it exists in all the tissues and body fluids only in combination (as water of hydration). When any free water appears in the body it is quickly removed by one of the secretory organs (such as the kidney). Conversely, it is impossible to get any secretion except as we furnish the secreting organ free water. To apply this to the kidney we may say that we will get a secretion of "urine" only in proportion to the amount of water given the patient to drink.

Water is, in other words, the only true diuretic. What then do we mean when we speak of a diuretic substance or drug? A diuretic is any substance which aids in furnishing a working kidney free water or which helps to maintain in a kidney the necessary conditions, such as oxygen supply, etc., which are needed to permit the kidney to do its work. Urinary secretion may fail either because we furnish no free water or because a kidney is not given the proper conditions under which it may do its work.

The intravenous injection of any amount of blood, blood serum, or a hydrophilic colloid in which all the water is bound to the colloid, is followed by no increase in urinary secretion. This is because no free water is given. The same amount of water

when given free, as in the form of a saline solution, is followed by a prompt increase in urinary flow.

When equal amounts of sodium chloride solution are injected we get increasingly greater amounts of urine with progressive increase in concentration of the salt. This is because the salt dehydrates the body tissues, and the free water thus obtained is added to that which is being injected. The salt owes its action as a diuretic primarily not to any effect upon the kidney, but to its action in dehydrating the colloids of the whole body.

When equal amounts of equally concentrated solutions of different salts are injected it is found that the order in which these produce diuresis is the same as the order in which they dehydrate (protein) colloids. Thus, in a series of chlorides the metals arrange themselves in the following order in which that most powerful in producing diuresis is named last: sodium, magnesium, strontium, calcium. In a series of sodium salts the acid radicals arrange themselves as follows: chloride, nitrate (?), bromide, iodide, acetate, phosphate, sulphate. The greatest diuresis of all is produced by a salt which is made up of a powerfully dehydrating base with a powerfully dehydrating acid, for example, magnesium sulphate.

The diuretic action of these different salts parallels completely their dehydrating effect upon (protein) colloids, a fact which again indicates that they owe their action primarily to their effect upon the body as a whole, acting as diuretics only as they furnish a working kidney free water.

To diuretics of the second order belong drugs like digitalis or caffein which by their action on the heart and respiration assure a better oxygen supply to the kidney and body tissues generally. Through improvement in oxygen supply to the kidney and the body tissues generally the kidney is not only permitted to secrete the free water available for secretion, but improved oxygen supply permits of oxidation of the various acids accumulated in the tissues of the body, and so the tissues yield up free water which becomes available for secretion. Whether we deal with normally hydrated or abnormally hydrated tissues the effect is the same. Under the influence of "diuretics" an oedema is decreased, but not because the secretory organs of the body have been "stimulated" to pull water out of the tissues, but because of the "diuretics" act upon all the tissues of the body, decrease directly or indirectly their hydration capacity (lead to their shrinking, in other words) and the squeezed off water is then thrown off by the kidneys, bowels, skin or lungs.

II.

Let us now consider the nature and the cause of nephritis. I use the term in its generally accepted clinical meaning as covering that symptom complex which is characterized by the appearance of albumin in the urine, certain morphological changes in the kidneys, the associated production of casts, quantitative variations in the amount of urine secreted, quantitative variations in the amounts of dissolved substance secreted, etc. I hold all these changes to be due to colloid-chemical changes in the kidney induced through an abnormal production or accumulation in it of acid and of certain other substances which in their action on colloids behave similarly to acids.

The proof that an abnormal production or accumulation of acid in the kidney occurs in every case of nephritis may be brought from three directions. First, evidence of an abnormal acid content in the kidney exists in every condition in which we find albumin, casts, etc., in the urine. This is shown by the high hydrogen ion concentrations observed in the urine in nephritis, the decreased capacity of the blood to take up acid (so-called decreased alkalinity), and the fact that the kidney tissues stain with indicators that have a characteristic color only when acid is present in a certain minimal concentration. Second, any method (direct injection of acid, excessive muscular work, heart and lung lesions, interference with the blood supply to the kidney, the injection of poisons like arsenic, uranium, etc.) by which we can bring about an abnormal production or accumulation of acid in the kidney is followed by the signs of nephritis. Third, any means by which we can counteract the effects of an abnormal acid content upon the kidney is a means of counteracting the signs and symptoms of a nephritis. As this is the heart of the treatment of nephritis it is considered in greater detail below.

Text-books list as "causes" of nephritis, excessive muscular work, heart-disease, lung-disease, anemia, carbon monoxide poisoning, exposure to cold, interference with the blood supply to all or to a part of the kidney (pressure on the kidney ves-

sels, arterio-sclerosis, thrombosis, embolism), intoxication of the kidney parenchyma with a toxin, chloroform, ether, arsenic, uranium, chromium, lead, phosphorus, amyl nitrite, etc., restriction of salt consumption or excessive consumption of water low in salts. These all gain their etiologic importance because they represent methods which directly or indirectly make for an abnormal production or accumulation of acid in the kidney.

The action of the abnormal acid content of the kidney in nephritis in leading to the various more striking signs of this condition is explained on the basis of the colloid constitution of the kidney as follows.

The kidney is composed of a series of colloids. Those which interest us most and make up the bulk of the kidney are the protein colloids, and the general way in which these behave toward acids of various kinds explains the changes that we consider characteristic of nephritis. When such a protein colloid as fibrin is placed in a neutral solution (water) it swells up somewhat. This is analogous to the normal state of the kidney. If a little acid is added to the water containing the fibrin this swells up much more. This is analogous to the enlargement of the kidney in nephritis (oedema of the kidney). But at the same time that the fibrin swells up in this way it also tends to go into solution. This is analogous to the going into solution of the kidney substance in nephritis, in other words, to the albuminuria.

The grayness of the kidney cells in nephritis is due to a precipitation of a second protein colloid in these cells. The behavior of this is analogous to the behavior of such a colloid as casein. Under the influence of the abnormal production of acid in the kidney, one colloid (or one series of colloids) is swelling, while another is being precipitated. The two together constitute "cloudy swelling."

Under the influence of a trace of acid the kidney falls apart into its morphological constituents. The epithelial cells stick together and loosen in mass as the cement substances that bind the kidney structures together "dissolve." This marks the origin of the epithelial cast. By more prolonged action of the acid, or with a rise in its concentration, the epithelial casts are converted into granular casts, and later still into hyaline casts. The hyaline casts can be reconverted into granular casts by neutralizing the acid or by adding various salts to a given concentration of acid.

The process of the secretion of water by the kidney is made up of two parts, first, an absorption of water from the blood by the kidney, second, a giving off of this same water into the uriniferous tubules. The available experimental facts can be most readily interpreted by regarding the former as a process of water absorption by the kidney colloids, and the second as a loss of water by these same colloids. The absorption half of this reversible reaction seems to be controlled by the production of carbon dioxide in the kidney cells, while the loss of this same carbon dioxide to the blood permits the subsequent loss of the absorbed water out into the uriniferous tubules. The presence of acid in the kidney interferes with this play, and so with water secretion. A second reason for a failure of the nephritic kidney to secrete its usual amount of water resides in changes present in the body as a whole whereby this comes to hold on to water in such a way that none is left over as "free" water to be secreted, as already discussed.

The absolute decrease in the amount of dissolved substances secreted by the nephritic kidney is secondary to the absolute decrease in the amount of water secreted, for the secretion of any dissolved substance is secondary to the secretion of water. The water washes the dissolved substances out of the kidney cells as it flows down the uriniferous tubules. The reason why the proportion of the various urinary constituents to each other is changed in nephritis is due to the fact that the adsorption properties of the kidney colloids are changed through the presence of an acid, and so the kidney cells not only absorb the various urinary constituents in a different proportion from the blood, but these are also washed out of the cells after absorption in different proportions than in health.

What has been said covers the essential elements that constitute the picture of what we commonly call acute nephritis. But we know that there exist also chronic types of nephritis, and that in some we observe high blood pressure, cardiac hypertrophy, etc. This brings us to the matter of the classification of the nephritides.

There is really only one type of nephritis, parenchymatous nephritis. There is, however, a difference in the amount of kidney substance that may be involved. It is well to distinguish between generalized and focal nephritis. It is in the gen-

eralized type that we observe the greatest decrease in urinary output, the most highly concentrated and most highly acid urine, the greatest amount of albumin and the largest number of casts. When only smaller parts of the kidney are involved all these signs are proportionately less. The first type of nephritis is found in cases of general intoxication, as in scarlet fever or in carbon monoxide poisoning, after an anesthetic, or in more chronic types of poisoning, as with phosphorus, chromium or lead. If larger or smaller pieces of a kidney thus affected die and the defect is replaced by connective tissue, the kidney substance is reduced in amount and we find on autopsy the so-called secondarily contracted kidney, one type, in other words, of the so-called chronic interstitial nephritis. As long as one fourth of the total kidney substance which a normal animal has is left intact the animal or patient may be unaware of the fact that he has kidney disease, for even less than this amount is adequate for all ordinary demands. Neither does such an animal or patient show any increased blood pressure, cardiac hypertrophy, uraemia, or any other of the alleged consequences of kidney disease. He may live and die without being aware of his kidney condition and we have at the present no way of diagnosing such a state before death.

In the commoner type of chronic interstitial nephritis which we find in association with blood vessel disease, heart hypertrophy, and high blood pressure (the so-called primarily contracted kidney) we also deal with a gradually progressing focal destruction of kidney substance. The primary change in this condition is not kidney disease but blood vessel diseases and the general signs observable in such a patient are primarily not due to defective elimination of poison through the partially destroyed kidneys, but to the effect of the vascular disease itself in the different organs of the body. The heart hypertrophy and the high blood pressure are nature's method of meeting the consequences of the vascular disease. In consequence of the changes in the blood vessels one fragment after another of the kidney is destroyed and replaced by connective tissue, but between these spots the kidney is largely normal, and so the decreased urinary output, the albuminuria, the casts, etc., are largely absent in these patients in the earlier stages of their disease.

While infections of the kidney are not ordinarily classed with the true nephritides they might as well be. The kidneys here show the same changes and die in the same way as when a poison affects a whole or any part of the kidney. An infection involving the whole kidney (general intoxication) shows much albumin, many casts and a small water output. When the infected spots are small, as in the early stages of renal tuberculosis, these findings are also less intense. And since blood vessel disease does not usually go with the ordinary infections, high blood pressure and cardiac hypertrophy are usually absent in these cases of kidney infection.

III.

These remarks will suffice to indicate why I have formulated the general rule for the prophylaxis and treatment of nephritis in the following terms: As far as possible avoid and combat every condition that favors the abnormal production or accumulation of acid in the kidney. Evidently the pathological condition of the patient must be taken into consideration in the application of this rule. Naturally an anesthesia nephritis with suppression of urine will call for a more aggressive therapy than nephritis secondary to a slowly progressing arterio-sclerosis. If we succeed in getting the first nephritic over his immediate kidney symptoms, we may make a hopeful prognosis, for when he has exhaled his anesthetic he has rid himself of the condition that was responsible for the abnormal acid content of his kidneys. But in the case of the second nephritic so hopeful a prognosis cannot be made, for while we may also benefit him he continues to carry the original condition that brought him to us—his arterio-sclerosis—even after we have treated him.

My rule for the treatment of the threatened or established case of nephritis may be summarized in these words: Give alkali, salts and water. The reasons in brief are as follows: The alkali is given in order to neutralize the acid present in abnormal amount in the kidney and in the other oedematous organs of the body. The salts are indicated (and sodium chloride is no exception) because the various changes induced in the kidney colloids by acids are counteracted by adding to such acid any salt, even a neutral salt. We need to give water in order to have more of this present in the body than is necessary to saturate all the body colloids; otherwise we

shall have no "free" water left for the secretion of urine.

For exact details as to how such a scheme of treatment is to be used, for only its proper use will give satisfactory results, the reader must be referred to a longer discussion than is here possible.[1]

It is advantageous to add to the alkali, salt, and water therapy already discussed an active administration of sugar, either dextrose by rectum or intravenously. Or dextrose or some disaccharide or starch may be given by mouth if the patient is able to take food or is not vomiting. The reasons for giving sugar are two, first, the older well recognized one that carbohydrate starvation is very common and a potent cause of "acidosis," and second, because sugar which is comparatively ineffective in reducing an excessive hydration of protein when induced through an accumulation of acid, is very effective in reducing the hydration produced by other means, while the salts which are very effective in reducing an acid hydration largely fail when the hydration is produced by other means. As we wish to combat all the possible causes of the hydration at once we give besides the alkali both salt and sugar.[1]

A final word is necessary regarding the alleged consequences of kidney disease. It is generally argued that the generalized oedema, the "uraemia," etc., of a patient is secondary to the kidney disease. This is in the main incorrect; for nephrectomized animals either develop no oedema at all or only a very slight one as compared with the oedema developed, for instance, after the injection of uranium nitrate. Neither do they die of "uraemia" even though they live many days. But when we give an animal a "kidney poison" of some sort, such as uranium, it develops an oedema in the course of a few hours which at the end of a couple of days may have increased to represent 50 per cent. of the original body weight of the animal. This means only one thing, that what we call the consequences of kidney disease are not consequences but the same thing as the kidney disease manifested in the different organs of the body and all due to the same poison which originally produced the kidney change. The headache, stupor, coma and convulsions of "uraemia" are due in the main to an oedema of the brain, the changes in sight to an oedema of the optic nerve or retina, the vomiting to an oedema of the medulla, and the generalized oedema to a swelling of the body tissues generally, all induced through the same poison circulating through the body and responsible for the oedema of the kidney (nephritis).

What relation now does the "uraemia" of chronic kidney disease associated with cardiac hypertrophy, high blood pressure, etc., bear to the uraemia just discussed? Is it due to retained poisons which the kidney has failed to excrete? Not in the main. This "uraemia" is also an oedema of the brain but induced this time through the defective blood supply to the brain brought about through vascular disease. These "uraemic" attacks are periodic oedemas and are analogous to the periodic glaucomatous attacks (oedemas of the eyeball) to which these same patients are liable.

It is evident from what has been said that in treating our cases of chronic interstital nephritis we need from now on pay more attention to the primary vascular disease and to its relief than has thus far been our custom. We must stop treating the kidneys as something primary and the high blood pressure, cardiac hypertrophy, etc., as things bad in themselves, which they are not. We must do everything in our power to stop the progress of the blood vessel disease itself. And this raises the question of the cause for the pathological changes in the blood vessels. Everything has been said to cause the blood vessel disease, though that any of the things are really concerned can hardly be said to have been proved. However bad alcohol, gastrointestinal poisons, etc., may be for an established vascular disease this is not synonymous with saying that such cause it. Whenever a general intoxication strikes an organ that organ is usually affected fairly uniformly, and so we should expect that if any general poison were responsible for vascular disease that all parts of a blood vessel, say all the media or all the intima would be uniformly involved. But it is characteristic of vascular disease that it appears in spots. There must therefore exist for it a spotty cause and not such a general cause as a generalized intoxication. It is characteristic of micro-organisms producing thrombotic changes in the smaller blood vessels to give rise to such spotty destructive lesions. In any case of vascular disease careful search should therefore be made

(1.) Under no circumstances are alkali and sugar ever to be mixed together and kept in stock. These substances are not to be mixed until the very moment that they are administered.

for possible infections. Of first importance no doubt stands syphilis. In cases where such a cause could be shut out with a fair degree of certainty, I have looked for infected tonsils, infected teeth, infected ears, and old genito-urinary infections as possible sources of microbic infection of the blood stream with thrombotic changes in the smaller capillaries of the parenchymatous organs and in the vaso-vasorum of the larger blood vessels; and it has seemed to me that through removal of such chronic foci of infection from accessible regions together with a scheme of living which attempted to build up the natural resistance of the body to infection greater relief was assured patients with cardio-vascular-renal disease than by our older methods.

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WOUNDS AND THEIR TREATMENT*

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As we wander along the road passing familiar flowers little thought is given them, until, perchance, one is picked and examined, then we are astonished at its wondrous beauties. So, mayhap, the study of simple wounds may demonstrate nature's wonderful and accurate methods for their healing. The art of medicine is based on the notion of how nature *should* work, and the science of medicine on an accurate knowledge of how nature *does* work. And he is more uniformly successful in his results and happier in his conceit who studies nature and the methods employed by her.

In the primer of surgery we find wounds described and classified. In the first-aids we find their treatment outlined. To our dispensaries and our understudies we relegate them. But wounds should not be divided, for all types exist as one. Every wound is a laceration—a bruising—the damage extending, perhaps minutely, in all directions. Individual cells and tissues in the line of injury are shredded, disturbed in their relations. They are shocked, devitalized, and rendered incompetent to carry on their individual physiological life-work. Their nutrition is interfered with. Further, the lymph spaces are opened, the blood vessels severed, with a pouring out of lymph and blood. The same act which tears the tissues forces into the wound foreign bodies, dead epidermis, with germs attached thereto. Thus we have in a wound when minutely examined a combination of conditions demanding an intricate and elaborate process for prompt and complete healing.

All healing is inflammation. To compre-

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hend we must know the methods of repair in all forms of life. In the more primitive, the non-vascular, where there is an external membrane, a digestive canal, and an intervening fluid containing leucocytes, all injuries are corrected by the leucocytes passing to the point of injury and filling up the space until such time as the external membrane, through cell multiplication, can restore itself. All through the animal kingdom up to those animals having a vascular system we see the leucocytes, obeying the call of chemotaxis, pass to the injured spot and not only promote healing, but protect the part before and during this process. Metchnikopf, impressed by this leucocytic action, concedes it the most important of all.

In the vascular animals the blood vessels dilate, pouring out blood, and the cavity is filled, with the added advantage of antibodies in the serum. In twenty-four hours from the time of injury the body cells and leucocytes undergo mitosis and proliferate. Even the lower cells of the epidermis send out prolongations, and if the opposite edges of the wound co-apt, they interlace and we have a union between this portion of the integument. In man the vascular changes are important. The congestion and infiltration of the surrounding tissues with the white cells act as a splint to immobilize the traumatized portion and give rest. The proliferating healthy cells detach those that are devitalized and gradually separate them from their connections. This is the inflammatory process of John Hunter.

Not until the researches of Ross and Cropper did we understand how all this is brought about—why it is that wounds heal. Their researches have shown that although the white cells have never been seen to proliferate elsewhere, they are doing so actively at the points of inflammation. Through their experiments it was discovered that the products of cell death, xanthin and creatin, and a degenerative product of the blood, globin, are the auxetics for cell division, leucocytes and body. Immediately after an injury is received tissue death begins. Products of decomposition are formed, acting as a powerful chemotactic to cells and a true stimulant to tissue proliferation. The leucocytes are drawn into the wound, actively dividing and proliferating. The fibroblasts also appear and the tissue cells of the body divide and take on their several embryonal functions. Some will send out long pseudopodia which become canalized, forming blood vessels. Others will pass around the same, leading to the formation of granulation tissue.

Fresh blood serum inhibits cell-division, but decomposed blood serum, liberating globin, stimulates it. Civilization is the dance of death, the fiddler being satisfied by somatic association with microbes, and irregular tissue growth. The ever-present microbe is with certainty forced into every wound and one beneficial effect upon the same is the rapid destruction of devitalized or helpless tissue, with an equally rapid formation of auxetics, there being putrefactive bacteria that do not produce pus.

Nature also provides other auxetics formed in the system—suprarenalin, the amino-acids, cholin and cadaverin. Some of these aid in the healing of wounds, others tend to produce a cell proliferation which is irregular and may thereby form the first stages of tumor growth or even carcinoma.

The inflammation of healing is not a deleterious process, but is nature's effort at repair. As was said before, the vascular changes are the most essential in the higher order of life. The chemical and mechanical action of the exudate plus the products of secretion from the microbes with the disintegration of devitalized tissue, is the most important part of the process. The leucocytes exert a phagocytic action on the debris and fibrin in addition to the proteolytic effect of their enzymes. Even the somatic cells take on an amoeboid movement and become phagocytic, assisting in the process.

By the third day the proliferation of cells is at its heighth and capillaries are budding. The fibroblasts produce their striae, these interlock, gradually the cell diminshes, the striations become more abundant, and cicatricial tissue is formed. Suppurative inflammation in a wound is the result of a profound attraction of leucocytes to the area of injury without disintegration. Healing is not due to any inherent propensity. It is always brought about by the action of auxetics. These auxetics develop through tissue death. So it is that "through death we live." The physiological auxetics of the body stimulate normal body growth; the pathological auxetics, the result of irritation, particularly when there is excessive alkali, induce irregular cell proliferation.

Healing is a chemical process and, not unlike all nature's emergencies, the work is at first physiological, then pathological. The profound attraction of white-cells ends in an excess and pus is produced. Vascularization extends beyond normal limits with pain and tenderness. The all-important

serum becomes impotent, favoring infection.

Healing, it will be seen, has three stages: —at the time of injury there is a hemorrhage, which is a flushing process tending to dislodge and remove foreign matter and entering germs; then, come the leucocytes which dissolve and devour dead tissue and that which is being sloughed off; the third stage is one of hyperemia, bringing in the serum and filling up the interstices.

The logical treatment of wounds is to do as nature does, to assist nature, and not in any way interfere with her workings. For all art is idle that is not based on a scientific and precise knowledge of that which is inevitable.

In the treatment of the first stage, the only call to which the physician is able to respond, is the elimination and control of the entering microbes. Nothing should be done which tends to force them deeper into the tissues. No technique is correct which through cleansing of the neighborhood allows of the introduction of more germs. Irrigations with antiseptics and bactericides are risky because of the tendency to open up spaces and diffuse rather than cleanse out. Most antiseptics are as injurious to body tissue as to micro-organisms, but we have two substances which disturb cell life very strictly and yet have a strong potent influence on the germs, namely, tincture of iodine and solution of potassio-mercuric iodide. With the latter we have had little experience, but experimentation seems to indicate that it is a preparation reliable as a germicide and not dangerous to tissue cells. In tincture of iodine we have that which is almost a type. It is a halogen, that is, a substance rather closely allied to the colloids. It does not damage the wounded surface materially; it is actively bactericidal and through its local stimulating effect tends to bring into the wound the serum and its contents.

On February 7, 1910, Miss Y., a patient of Dr. Dinglestedt's, fell and suffered a compound fracture of the leg. The tibia was pushed through and a fragment broken off. She was removed to St. Mary's Hospital, Hoboken, where she was seen by the writer. It was a wound about 4 cm. in diameter, with the tibia protruding. Under anesthesia reduction was made and after careful cleansing of the skin, with the stoma protected, the cavity was injected with over an ounce of tincture of iodine. Gauze was placed on the wound and kept sopped with 50 per cent. alcohol for three days. At the end of this time the gauze was removed and the cavity again injected. At the end of nine days the cavity had filled and the external wound was closed. She had no discharge of pus from the cavity during this time and the compound was quickly changed to a simple fracture. Encouraged by this unusual result since that time all compound fractures have been treated in a similar way with an equally good result.

If the case is not seen in time to give the patient this type of treatment promptly, the wound may then go on to the second stage—that of superficial necrosis, necrosis of the fascia—associated at times with more or less extensive gangrene, the phagocytes actively working to separate detritus through lysis and phagocytosis. The system is being protected by the sloughing-off process. Germs are growing actively, and through their toxins tend to inhibit the anti-bodies and kill off the phagocytes.

We have in simple yeast another organizm of the same type as the leucocytes, but of a somewhat higher grade in life, consequently with a more vigorous hold on life, stronger enzymes, and more deadly to the microbe. The relation of yeast to the microbe is the same as the microbe to the white-cell. The ferments of the yeast are proteolytic. As the end—products in yeast life are nascent lactic and succinic acids and alcohol, we have very potent anti-putrefactives. These are also actively bactericidal. The yeast plant is a passive phagocyte. It does not actively grasp the germ, but yeast cells are discovered full of germs and the enzymes in the plant inhibit them.

Yeast is also chemotactic. It induces leucocytosis and stimulates the functions of the white-cells. It has the same chemotactic power over the microbes that they have over the leucocytes. It is especially valuable in the streptococci and B. coli condition, but in the presence of the proteus, or the pyocyaneus it is not quite as effective.

An emulsion, as thick as possible, of Fleischmann's yeast cake in sterile water, with a pinch or two of sugar added, injected into a wound that is sloughing and not thoroughly granulated, the superabundant part of the suspension allowed to remain, will, if done with frequency, have a most astonishing effect in cleansing out the wound.

Mr. G., a patient of Dr. Steadman's, in November, 1911, had cholecystitis with gall-stones, associated with 4 per cent. sugar in his urine. There being regional peritonitis, operation was compulsory and he was removed to Christ Hospital, Jersey City. On the third day after the opera-

tion his wound broke down. Gangrene of the margins and of the fascia started on. He became apathetic—slid down in bed. Showed evidences of beginning infection. His condition seemed desparate. He was irrigated with iodine solution without benefit, when the value of yeast was thought of. He was irrigated with it and some of the yeast plant, softened with a small quantity of water, was packed into the wound. In twenty-four hours an improvement was noted In a few days he cleaned up and the case ultimately recovered.

When a wound has been cleaned of all detritus and the healing is slow, we may feel confident that the blood does not reach the surface in order to continue the healing process. Nature's response to the demand for leucocytes has been over bountiful, more came than were needed, and pus is formed. The walling of leucocytes and fibrin largely prevents the influx of serum and healing comes to a standstill. More blood must be brought to the surface. Wright cleverly came to the conclusion that the local application of citrated saline solution might be effective. He made up such a preparation in the strength of 2 per cent. salt and ½ per cent. citrate of sodium, the object being to dissolve out the fibrin and unnecessary leucocytes. The wound in this case being in the condition of a choked up filter. This preparation cleans out and allows the serum to percolate through. For several years this measure has been employed in conditions of indolency, sinuses, and open wounds. The result has been most pleasing. Proper granulations form, thorough vascularlization takes place, tissue growth continues, the skin grows out from the margins, and the wound rapidly heals.

HOW CAN WE LOWER MORTALITY IN ABDOMINAL SURGERY?*

By James W. Kennedy, M. D.
Philadelphia, Pa.

It is natural for those of us who mostly deal in the technical and mechanical side of our profession to become unmindful of those means which may be largely responsible for our mortality and we are thus constantly checking up the surgical factors which may come under suspicion. Lately I have reviewed the mortality in the Joseph Price Hospital for the past ten years and I was astounded to find that fully ninety per cent. of our mortality came from unnecessarily delayed operations; in other words, ninety per cent. of the mortality was due to human errors, other than that of any surgical omission or technical failure. This is not only reprehensible but it is time for us to take invoice of all means which may deprive us of our full medical or surgical privileges. We all have talked freely and willingly about our victories, so it may be time to say something regarding our miserable failures.

In analyzing the cause of ninety per cent. of our deaths, I find that some slothful mediator has been the cause of delay which has given the mortality. This mediator has seldom been the patient himself or some ruling member of the family, but has most often been some would-be doctor, either a religious fanatic or one of the numerous 'pathys and has occasionally been a member of our profession who has a prejudice against surgery or is a tardy diagnostician. It seems to me that the latter, namely tardy doctor, is the only one that our profession has any right to take under our professional wing and educate concerning the advantages of early surgery. It is certainly up to our state legislatures to deal with individuals who are administering the same remedy (spine pinching) in all diseases. And it is our right to deal with the legislature which legalizes these would-be doctors. In a recent conversation which I had with a conspicuous legal light, he said it was most unfortunate that our profession would not associate with these would-be doctors and combine their knowledge with ours in order to make us better doctors. This man was sincere and had been so dominated by a manipulator that he felt this rubber had some positive anatomical and therapeutic knowledge which we did not possess. It was impossible for me to make him believe that we possessed the information which this manipulator had and exercised it through the medium of a masseur or masseuse. This is a type of our representatives who are asking us to compete with these individuals who are manipulating the spine for cancer of the breast and uterus and attempting to restore the menstural flow following a complete extirpation of the uterus and treating a general peritonitis from a perforated appendix by manipulating the abdominal muscles.

It is not necessary to go on and further recite the ridiculous. All such examples have been met with in my experience in a

*Read before the Gloucester County Medical Society, January 27, 1914.

single month and so have they been in the experience of you all.

Our state boards now require us to have more than a common school education. We must have at least two years of a recognized college course, must have at least four years in a recognized medical school, must next have at least one year as a resident physician in a hospital, before we can take the state board examination, and then we are turned loose to compete with men who have no knowledge of general medicine. We do not want a divided profession. The terms homeopath, allopath, eclectic and a score of 'pathys and religious scientists must go. We want one grand school of medicine with a single high standard. Is there any human right so much abused as that which the legislature usurps when it permits a man to be one-tenth, one-fourth or one-half a doctor? In other words, our state laws say that certain men who have not qualified in general medicine, have the right to pass upon diagnosis and treatment but the same individual may not sign a death certificate.

The perfect lack of common fitness of things which is illustrated by some of the state laws which regulate our profession, is nothing short of a tragedy. I believe that positive evidence might be found to indicate that our legislature is responsible for the greater part of any operator's surgical mortality. It is inconsistent with progress to permit a legislative body of non-medical men to pass upon or make medical laws. Politics should not enter the sacred precincts of our profession. A medical committee should dominate all legislation which pertains to health questions. Certainly the coroner and all health officers should be medical men. I should like to transfer some of my sleepless nights to those members of the legislature who have permitted a non-medical man to pass in judgment upon the diagnosis and treatment of those neglected souls who die on the operating table and pay the penalty of ignorant legislators. Our profession is too big and strong to listen to the dictation of frenzied politics.

In the journal of the Medical Society of New Jersey, 1912, there is a very excellent article by Dr. W. A. Wescott of Berlin, New Jersey, calling attention to the evils of the patent medicines, compounds and druggists' preparations. This is a very valuable contribution, full of information which must have been acquired only through considerable effort and the article also evidences a fine humanitarian sentiment. What right has any patent medicine firm to prescribe for any patient? Another beautiful example where our legislators strain at the gnat and swallow the camel. How many death certificates have we signed which may be directly traced to the pain-killers which bear the name of Brown or Smith and were taken from the shelf of a neighboring drug store or from the wagon of the country peddler of patent medicines. I have imbibed from this country peddler while living on the plains of Kansas and still remember how my attention was transferred from a stomach-ache to a red-hot mouth and throat. The point is just this, that all such means keep the patient from our profession until the impossible hour and then surgery or medicine must sign the death certificate. How valuable is pain and how murderous the drug which relieves the same when used by these quacks. So again I say, we want a single standard of medicine and we want it now. All patent medicines must go. I have little to say to my profession. We must have better command of our patients. All attempts to treat abdominal pain over the telephone is a grave error and has caused me a number of deaths. We as physicians must dominate the sick-room. Our command must be absolute. The physician must be the autocrat of the sick-room to the same degree that the surgeon is responsible for every happening or error in the operating room. If the patient refuses to follow your advice or the family blocks your progress with the particular case, you must dismiss yourself from that case, otherwise you are guilty as a professional accomplice to the management of the patient along the lines you do not approve. I have very positive views on this matter and am also positive that the practitioner will not lose in the end if he takes this advanced or lofty position. However, win or lose in his future attention to the particular patient, this is the stand he must take. It is most unfortunate that all our profession are not men of comfortable means. That too often need of the almighty dollar has taken from many a poor fellow his keen sense of right and professional duty.

Regarding that other member of the profession whose commercial instincts dominate a finer nature and he risks his patient's life in the hands of the surgeon who

holds forth the greatest number of blood-stained dollars, I can only say, he is not a doctor.

Regarding the surgeon who splits fees with those who feed his clinic, his clinic may be big but he will have few of the members of those doctors' families who accept a divided fee.

241 N. 18th St., Phila.

CONTRACT PRACTICE.*

By John S. Yates, M. D.,
Paterson, N. J.

That the subject of Contract Practice is an interesting one to the members of this Society, is demonstrated I think by the attendance at the meetings when the subject is brought up for discussion.

And inasmuch as it is the privilege of anyone here to express his opinion I shall take the privilege of reciting a few facts that I think may be pertinent to the subject.

In order that my position may be considered an impartial one and without prejudice to anyone concerned it may be appropriate to mention first, that the only time since I have been in practice that I made a near approach to being a lodge physician was some seven or eight years ago, when a committee, of three members of a certain lodge called on me and asked me if I would be willing to be their lodge physician. They said the physician they had, they were not satisfied with, and they intended to make a change. I said to them this: Gentlemen, I do not wish to be placed in the attitude of antagonizing the doctor you have, but, if you intend to make a change, as you say, and you choose to elect me, I do not see any reason why I should not accept, but I do not intend to ask anyone to vote for me. Nor did I, and at the election which took place a month or so later the physician they had was re-elected. I found out some time later that at several succeeding elections of this association, without my knowledge they continued to nominate me, as before. I then told my over zealous friends that I did not wish them to take that liberty again and that I should no longer be considered a candidate for the office.

Contract Practice is a comprehensive term and we may well ask for a definition of it. At the time the amendment was passed by this Society which was intended to govern Contract Practice and the relation of members of this Society thereto, the intent was I believe, to prevent:—

1. The absolute control of a certain amount of medical work by a certain number of the members of this Society, to the exclusion of the others;

2. To give to each individual employee of a firm or corporation the right to select his own physician in case of injury;

3. To prevent the competition between members of this Society to obtain these contracts and the consequent lowering of fees as a result of this competition and the loss of respect and dignity to the profession as a whole which these methods entailed.

The purpose was a laudable one and it seemed to meet the approval of a large majority of this Society. Since that time however, our law makers at Trenton, with the aid probably of the Casualty Insurance companies, have incorporated in the Employers' Liability Law the provision that the employer has the right to name the physician by whom the employee, who is injured, is to be treated and only when he selects the physician is he responsible for the physician's bill covering the first two weeks.

Whether we agree with the principle or not it cannot be denied that the employer has the right to protect himself against malingering and unjust claims. So, therefore, we have the broad principle established, through legal enactment, that the employer has the right to select some one physician to care for his employees in case of injury. And it would seem to me only logical that if an employer, whether it be an individual or a corporation consisting of several persons, has a legal right to name the physician to attend its employees, then a lodge, or benevolent society, as they are now constituted, has the same right for the same reasons, viz:—to prevent malingering and unjust demands.

The next step in the discussion is the question of compensation for the work done by the physician and, inasmuch as this question is vital to the Society in preserving a proper professional standard, I believe it is the Society's right to decide what the minimum fee shall be for medical work done for a lodge or society and, if possible, for the surgical work done for a corporation. With regard to the surgical work as it pertains to the injuries of employees, if this Society does not agree on some minimum fee, The Casualty companies will dictate the fee for us.

The present, or shall I say the recent,

*Read before the Passaic County Medical Society, December 9, 1913.

method of compensating the lodge physician—by paying him one or two dollars per capita, per annum, is excusable. It is simply a speculation as to whether the physician or the lodge is the gainer at the end of the year by the arrangement. If it be correct, as stated by some, that the calls they make by this arrangement average them two and three dollars each, then they are taking an unfair advantage of the lodge, because they are collecting more than the customary fees. On the other hand, if the fees average 10 cents a visit, as I heard it stated by one physicion, then the fees are ridiculously low and inadequate. Nor can this method be defended on the ground of its being an economic necessity, that is, that the members of these societies by paying a stipulated sum each month to the society, thereby insure themselves to obtain medical care in time of sickness, the argument being, that if they were not so insured many of them would not have the money to pay the doctor in the regular way.

I am told by Dr. De Jager that in or about the year 1895, a committee, composed of men of Holland extraction, called on him and said they were about to form a lodge and they wanted him to act as their lodge physician. The doctor took a wise and sagacious view of the situation and pointed out to the committee that there would be no advantage to him in accepting such a position as he was at that time attending probably most of those who intended to join the lodge and was being paid the regular fee for each visit.

He advised them that instead of having a lodge physician they should pay a liberal sick benefit and allow the members to select their own physician and pay him for his services as they needed him. This advice was followed, there was no lodge physician appointed nor has there been any appointed since. The point that I wish to make here, is , that if a Holland lodge, consisting mostly of unskilled workers, does not feel the economic necessity of employing a physician by the year, then lodges comprised of mechanics, silk workers and others of that class, who are in a better financial position, should not be given any concession below the regular fees. It would seem only fair and equitable to the lodge physican that he should receive the regular fees for his work and if a minimum fee of $1.00 per visit was charged and a minimum fee of 50 cents for office consultation, it could not then be charged that they were performing an indefinite amount of work for a definite consideration.

The question of Contract Practice is only one phase of medical economics, and this subject of medical economics is one which is not given the time and attention, as a rule, which the subject deserves. The more prosperous members of the profession have not the time, or inclination, to bother with it and the less prosperous ones hesitate to speak of it because they feel that by so doing they are parading their unsatisfactory financial condition. And yet it is a generally acknowledged fact that the net income of the average physician is not satisfactory and is not commensurate with the time and cost of preparation and the sacrifice of physical wellbeing and the pleasures and comforts of life which the work requires. Every laborer should be worthy of his hire and this dictum should apply to medical men no less than to others. It has always seemed remarkable to me that physicians should be expected to give their time gratuitously, in the treatment of the sick in dispensaries.

Some twenty years or more ago when medical schools had not reached the point of efficiency they have now, it could be understood, that young physicians might then be very willing to give the time to dispensary work in order to round out the training necessary to be a competent physician. But does that apply to to-day? Certainly not to the same degree. The community in which we live has no more right to expect the graduated physician to give his services without compensation than they have to expect any other man who has to labor for a living. The sick poor have to be cared for but why should medical fraternity be obliged to carry this burden alone. What a paradox that medical men should be called upon to do the work of philanthropists when these same men after giving their lives to the service of the community in which they live—die and then when the reckoning is made and the widow and children look hopefully some competence to tide them over to a happier day, they find the exchequer empty and there is nothing left from the good doctor's work, save the condolences of his friends.

And the remedy, what is it as far as the dispensaries are concerned? Is there anything impracticable about the proposition that in this city instead of having one city physician and one assistant, there should be one city physician and twelve or more

assistant city physicians, paid by the city or county, for their services in caring for those, who, on investigation are found to be unable to pay. The cost of twelve assistant city physicians to the city or county at $250 a year would be $3,000, a trifling sum indeed, compared to the total expenditures for the city government. And the net result of this change over our present system would be:—

The people of this city would no longer be under an obligation to physicians for gratuitously caring for the sick poor, an obligation however, that is only feebly appreciated; Only those actually in need would be so treated; A plan of investigation would be instituted that would be the means of turning a large proportion of present dispensary patients into doctor's offices where they belong with the fees which the doctor is now deprived of; The young physician after passing a competitive examination and obtaining such a position would have some income with which to meet his expenses and the temptation and necessity of attempting to do work for which he is not qualified would be removed.

The appropriation thus made for assistant city physicians need not affect the appropriations already made to hospitals, it being understood that that is intended to cover the expense of caring for the city's ward patients.

In conclusion, I wish to say, that while the latter part of this paper is a digression from the title of the paper I do not think any apology is needed for it.

In this age of progress when the statesman and social reformer are competing in their efforts to improve the condition of the worker, the physician through increased efficiency has kept well ahead in the march of progress. Increased efficiency, which includes prophylaxis, with our profession, is synonymous with decreased income. This is a bald and palpable truth that needs no demonstration. Is it not time then that we paused and took time to consider how we can benefit in some degree with the improvements we are so earnestly helping to extend to others.

"So you actually went to church last Sunday?"
"I really did."
"Excuse me if I seem skeptical. What was the text?"
"Aaha, I have you there. The text was, 'He Giveth His Beloved Sleep.'"
"Good work. And who were there?"
"All the beloved, it seemed to me."—Cleveland Plain Dealer.

Clinical Reports.

Intraspinous Treatment for General Paresis.

Dr. Henry A. Cotton, Director of the N. J. State Hospital, Trenton, at a meeting of the N. Y. Neurological Society, presented a young man of eighteen who first came under his observation about April 29, 1912, with the history of convulsions, the first attack in December, 1911, the second the following April, and after that occurring with greater frequency. He was then attending school, but had to give up his studies on account of increasing irritability and dullness. The patient had a specific history, and a lumbar puncture, made in April, 1912, gave a positive reaction. He received several doses of salvarsan, and in April, 1913, after a consultation with Dr. Swift at the Rockefeller Institute, the intraspinous treatment with salvarsanized serum was commenced. The injections were repeated every two weeks up to June 2, and the patient, who was now living on a farm, was still under Dr. Cotton's observation. The cytological findings were now practically negative, the patient had gained thirty pounds in weight and showed no mental abnormalities at the present time. He still had stiff pupils and an occasional convulsion, but he was able to travel about by himself, and the improvement in his general condition had been very marked under this new method of treatment. In connection with this case, Dr. Cotton briefly reviewed the findings of eight additional cases of general paresis in which the intraspinous method of treatment had been employed by him. In two of these cases that came to autopsy, salvarsan was found in the ventricular fluid, which seemed to effectually answer the query whether the remedy was carried to the brain after the intraspinous injection, or was limited to the cord. Dr. Cotton said that while these reports were only preliminary, the results obtained thus far had convinced him that this method would prove efficient, providing it was undertaken in the early stages of the disease. In his early cases, the clinical symptoms had undoubtedly improved, together with the biological findings. This did not hold good in the late cases. He had, however, seen no bad effects follow the treatment in the late cases; he knew of no contraindications to the method, and expected to continue to employ it, especially in the early cases. He regarded it as a step in the right direction, and said that in the intraspinous method of treatment we had something that promised well in general paresis. We all undersood, of course, that there was no possibility of curing these patients in the end stage. Just how far a case of paresis could go before the treatment had lost its effect on the process we could not say. We should not expect to regenerate a paretic brain, but the results thus far obtained led to the hope that we might be able to arrest the process during the early stages of the disease. The extent of recovery would depend on the amount of destruction of the brain that had already taken place. At the Trenton State Hospital the treatment had been resorted to in nine cases, including the juvenile case shown to-night. In all of these the pupils had remained stiff. The knee

jerks had returned in one case. All the early cases had shown marked improvement, but in that connection we should take into consideration the normal proportion of remissions that were frequently seen in general paresis, as well as our own optimism in taking up a new method of treatment.

Subcortical Visual Aphasia.

Dr. Christopher C. Beling, of Newark, reported this case at the December meeting of the N. Y. Neurological Society.

The patient, a man aged 62, had been a school teacher for over forty years. Except for an attack of inflammatory rheumatism twelve years ago, he had always enjoyed good health. There was no venereal history. February 23, 1913, he first noticed some difficulty in reading his morning paper, and on the following morning he could not read at all. When I first saw him, February 28, he complained of a feeling of constriction in the left temporo-frontal region, together with a failure of vision and inability to read. The pupils were regular and of equal size, and reacted normally. The fundi showed evidence only of changes due to myopia. Color recognition was very much impaired, and it was almost impossible for the patient to distinguish one color from another. There was a right homonymous hemianopsia.

The patient's vocabulary was much more limited than normal, especially without distinct conscious effort. Pronunciation and speech were fluent; words or syllables were not displaced and the interpretation of nouns and verbs was accurate. He could write spontaneously, but writing meant nothing to him. He read many letters incorrectly. He did not understand written questions or commands that were shown to him yet their letters and forms were distinct to him, but not their names and sounds. He could repeat the alphabet readily. He was unable to copy from printed to written letters, but he could copy from print to print and with difficulty from writing to writing. He could write from dictation words that he heard and could repeat them correctly. Objects seen he could name only with the greatest difficulty, and by a process of roundabout association. He was unable to estimate distance correctly. There were no visual hallucinations.

The patient had a systolic murmur at the apex, with marked accentuation of the second aortic sound. The blood-pressure was 250 mm.; pulse, 60. The reflexes of the upper extremity were active. The patellar reflexes were exaggerated, especially that on the right side. There was no Babinski, no ankle-clonus, and no rectal or vesticle involvement. There were no sensory disturbances to touch, temperature or pain. The examination was otherwise negative. The patient stated that he had a subjective loss of equilibrium. There were no evidences of ataxia. The diagnosis in this case was subcortical visual aphasia (pure word-blindness or alexia), associated with right homonymous hemianopsia and hemiachromatopsia, indicating a subcortical lesion beneath the left angular gyrus, probably hemorrhagic in nature cutting off the afferent visual impulses from half vision centers to the visual word center, and to some extent implicating the optic radiation.

Spasmodic Torticollis.

Dr. William Drayton, Jr., presented this case at the November meeting of the Philadelphia Neurological Society.

The patient was a postman, about 28 years old, with a history of gonorrhea, but none of syphilis, who, however, presented suggestive specific symptoms and also a positive Wassermann reaction. On a given occasion he had suddenly thrown his head back forcibly and he was immediately seized with pain in the nape of the neck, followed by the development of torticollis.. Marked improvement followed treatment with salvarsan, mercury, and deep, vigorous massage of the involved area.

Aphasie Motrice Pure (Dejerine.)

Dr. Francis X. Dercum, at the same meeting of the case above, presented this case.

The patient was a machinist, about 48 years old, who suddenly developed paralysis of the entire right side of the body, with loss of the power of speech. Ability to read and to write both from dictation and from copy, however, remained. A positive Wassermann reaction being obtained, salvarsan was introduced into a vein and active mercurial treatment was instituted. Improvement in the symptoms speedily took place and articulate and intelligent speech gradually returned.

Total Deafness Caused by Quinine.

Dr. M. J. Ballin reports the case of a girl sixteen years old who in the course of fifteen minutes took thirty grains of quinine. Two hours later she complained of an intense headache and severe tinnitus in both ears. There was no disturbance in coordination, but she noticed a marked diminution in her hearing which steadily grew worse, so that preception for all sounds was completely lost by the following morning. She did not seek medical aid immediately, hoping that her lost function would in time reestablish itself. Finding that she remained deaf in both ears, she consulted different aurists with the hope that something could be done for her, and finally Professor Politzer of Vienna, who, after a careful examination, pronounced her case hopeless.

Pituitrin in Shock.

Reported by W. L. Gambill, M. D., Jenkins, Ky.

R. O., aged 27, an electrician, received an electric shock from a circuit of forty thousand volts. He had a third-degree burn of the left arm and left half of the chest, a burn of the second degree of the right arm and face, and a third-degree burn of the scalp, extending from the frontal hair margin to the occipitoparietal suture. The soles of the feet were also burned to the third degree.

The man was practically pulseless when I saw him. He was given 1 cc. of Pituitrin, and the dose was repeated in two hours. Ten minutes after the first injection the pulse-rate was 160. An hour later it had fallen to 140 and remained at that point until after the second dose, when it further declined to 130. The patient continued to improve.

Localization in the Brain—Hemophiliac Case.

The Paris correspondent of the A. M. A. J., in reporting this case in the January 17th issue of the Journal, says:

In recent years, the works of Pierre Marie have shaken the theory of aphasia, which used to be generally considered as connected with the destruction of the third left frontal convolution. Dr. R. Robinson has just communicated to the Academie des Sciences a case probably unique of its kind which shows the lack of solidity of the theory of cerebral localizations. A hemophiliac, aged 62, was wounded in the occiput. Slight bleeding followed. The accident had been forgotten for a long time when the patient began to have trouble with his sight. An oculist found marked stasis of the left papilla. The patient's intelligence and memory were slightly affected. The patient had no pain. His speech was somewhat defective, but that might have been, attributed to missing teeth. Hearing, taste and touch were almost normal. The sight decreased more and more. Finally, about a year after the onset of the trouble, he died from an attack of jacksonian epilepsy. When the skull was opened, the brain was found much enlarged. It weighed about 1,800 gm. (nearly five pounds) and dilated veins covered the surface on a pale rose-colored background. An incision in the bulging part released extraordinarily fetid pus. When this pus had been evacuated, there remained only a thin shell of cerebral substance. The two frontal lobes, the parietals, the temporals, the occipitals, etc., were in great part decayed, notwithstanding which the patient had lived for almost a year without appreciable pathologic phenomena. Van Gehuchten recently published reports of one case in which a larger tumor flattened out two frontal lobes in a young man of 27, and another of an immense abscess, which had destroyed the whole left lobe, neither of which gave rise to any symptoms of serious brain lesions.

Asthmatic Attacks Due to Irritation of Buried Tonsils.

Dr. W. T. Patton, New Orleans, reports the following case:

Miss M. F., aged 26, a nurse in one of the hospitals, was sent to me, March 19, 1913. The family history was negative. She had suffered frequent congestion, "colds" and digestive disturbances. Her present trouble commenced about three years ago, when she began to suffer from violent asthmatic attacks. These attacks occur both summer and winter, but are worse in the autumn and early winter. She nearly lost consciousness in some of the attacks. She had been treated for asthma with all the ordinary remedies without result. Nothing abnormal was found in the chest or abdomen except slight emphysema. During the attacks typical asthmatic findings were elicited. The urine was normal and vaginal examination showed nothing of note. Examination of the nose showed a quite marked deviation of the septum to the left, but the turbinate was not pressed on. The applicator produced no particular irrtation. Examination of the throat showed the tonsils of fair size, but diseased and buried. When these were touched with an applicator a violent attack of coughing and sneezing lasting twenty minutes or more occurred. A similar attack recurred the next day when the application was repeated. The next day I removed both tonsils under general anesthesia and the patient has been free from the asthmatic attacks ever since, a period of nearly six months. I believe that a great many cases of "hay-fever" and asthma are due to reflex irritation from the nose, throat or ear. I have never had any other case due to tonsil irritation.

Intra-Thoracic Goiter.

Dr. John R. Wathen, Louisville, reported this case and exhibited specimens at the Kentucky State Society meeting:

These three thyroid lobes were removed from a woman, Mrs. D., aged thirty-five, who presented herself with symptoms of exophthalmic goiter, with a pulse of 140, eye symptoms, and besides the nervous condition, a decided sensation of choking or smothering on slight exertion. The tumor, upon inspection, appeared as a mass about the size of a hen's egg, in the middle line and low down, just above the sternal notch; also an enlargement on the left side, high up.

At operation, when the goiter was exposed, the central mass was connected to, or continued as a large mass dipping down behind the sternum into the thorax. The lobe on the right side above the sternal notch was removed without difficulty, and when it was separated from its continuation into the chest, the latter part retracted deep down into the thorax. With much difficulty this was removed.

Intra-thoracic goiters are of rare occurrence, and Mayo reports only eighteen cases operated upon. Kocher says they are rare, but does not give the relative figures. All agree that they are the most serious cases for operation and present problems hard to deal with. The tumor is delivered with much difficulty and should be enucleated rapidly, leaving the lowest portion attached to the capsule in order to bring this capsule up into the wound to obliterate the large cavity left below after the goiter is removed. Mayo writes: "In our experience, great hemorrhage followed delivery of the goiter in all but one case. This hemorrhage was venous and was checked immediately by packing four large abdominal sponges within the chest, which were left in place four days, then removed without trouble, and a lighter pack substituted."

The patient from whom these specimens were removed has made an uneventful recovery and is now ready to leave the infirmary.

Unique Case of Bowel Obstruction.

Dr. W. D. Hamaker, Meadville, Pa., reports this case in the A. M. A. Jour., January 17th.

History—Mrs. P., aged 72, a patient of Dr. Best, has had fair health for many years with the exception of obstinate constipation. November 1, 1913, she was seized with severe abdominal pain and nausea. Later on she had considerable distention and great tenderness over the abdomen. The tenderness was general and there was no resistance or tumefaction at any point. November 2 decided symptoms of obstruction showed themselves. High enemas given that day failed to produce much result, except one fairly large stool with some gas. Large doses of calomel and other cathartics had

been given previously. Finally fecal vomiting appeared with hiccoughing.

Operation—November 3 a laparotomy was performed. As the urine was almost entirely suppressed, November 2 and the morning of November 3, chloroform and oxygen were used. A median incision was made and the first thing noticed was a marked distention and congestion of the small intestine. When the hand was passed in, deep in the cavity was found a mass, which, when drawn up, showed a black spot at one end. The mass proved to be Meckel's diverticulum pear-shaped rolled up in one corner or edge of the omentum. The omentum tightly wrapped about and adherent to the diverticulum had produced complete gangrene. The findings, so far, would not account for the obstruction of the bowels, and on searching further I found a rent or hole through the upper part of the mesentery through which had passed all of the transverse colon as well as the omentum. There were no adhesions where the colon had passed through the mesentery, but the condition appeared to be of long standing. This opening was the size of an egg and after the colon had been drawn up through the opening I closed it. The Meckel's diverticulum and that part of the omentum on which there were gangrenous spots were removed before I replaced the colon.

Postoperative History—The patient, although aged, recovered nicely and is now practically well. The temperature before operation ranged from 96.8 to 97.8 F. Since the operation the temperature has never been higher than 99.4 and the pulse has never been above 84.

Suture of Stab Wound in Right Veetricle of the Heart.

Dr. Josep Danna, New Orleans, reported this case at the last annual meeting of the Southern Surgical Association. He summarized as follows:

(1.) The whole procedure was very easy and could have been done by any one possessing the average surgical ability. (2) The removal of the third, fourth, and fifth costal cartilages and free incision of the pericardium, exposed the heart to the full view of all the bystanders. (3) Manipulation of the heart was not attended with either shock or pain; the patient talked and felt comfortable during the process of suturing, sponging, etc. (4) The heart moved very freely, but could be steadied by forceps or sutures without harm. (5) The placing of the sutures through and through did no harm in this case, although that was also advised. (6) The pleura was opened in getting the proper exposure, an accident which usually happened in those cases, but which he believed might have been avoided with care. (7) The heart alternately contracted and relaxed, and during the state of relaxation it felt as soft as jelly. (8) Every case of wound of the chest, with signs of severe hemorrhage, where the bleeding was believed to be the result of injury to the intercostals, internal mammary, or the heart or its coverings, should be operated upon. No case should be considered too far gone for operation. If that was done, a life would accasionally be saved, and more reports of suture of heart wounds would find their way into medical literature.

Right Inguinal Hernia of Ovary and Tube.

Dr. Albert S. Barr, Greenville, Mich., reports this case: L.P., student, aged 12, was brought to the office in October, 1913, by her parents because of a right inguinal hernia. Her parents could not remember when the trouble was first noticed, but said that other physicians had told them that the child was ruptured and prescribed a truss which she had worn for some years. Except for the inconvenience of wearing the truss, the hernia troubled her very little. At this time there was nothing in the inguinal canal and the hernia had always been easily reduced. On December 15 I was called to the house to see the patient. Two days before, while not wearing her truss, she coughed and a swelling appeared in the right inguinal region, which she was unable to reduce. On examination a small, oval, tender mass the size of an almond was found in the right inguinal canal. This could be moved a certain distance up and down the canal but could not be replaced in the abdomnal cavity. A probable diagnosis of hernia of the ovary was made and the child sent to the hospital. At the operation the sac was found to contain the right ovary and tube but no bowel or omentum. The ovary and tube were replaced in the abdominal cavity and the wound closed in layers in the usual way. The subsequent history is of no interest.

Abstracts from Medical Journals.

Strenuous Athletics and the Heart.

The hypertrophied heart is more liable to acute cardiac dilitation than the normal heart. At the state university, during the past two years, there have been four cases of acute dilatation in athletics and only one in the non-athletes, although relatively few students take part in the major college sports. In case of severe fever these large hearts seem to be especially vulnerable. In the graduates from Annapolis it has been found that there are six times as many deaths from heart-disease among athletes as among non-athletes. If physical training is to be made compulsory in our schools and violent athletic contests are to be incited by crowds and publicity, a serious duty devolves on the medical profession to study the results carefully and, in case of each individual youth, to supply that balanced judgment concerning the value of various kinds of physical exercise which only those can have who follow human life from the womb to the winding-sheet.—C. R. Bardeen, M. D., Wisconsin Med. Jour.

Intestinal Hemorrhage in Typhoid Fever.

Dr. R. D. Rudolf, Toronto, presented a paper on this subject at the meeting of the Association of American Physicians, held in Washington, D. C., in which he said:

Intestinal hemorrhage in typhoid fever has always been considered a serious complication in this disease, although a study of the literature shows that the degree of seriousness attributed to it has varied greatly according to different authorities, some thing it always of grave omen, while others have pointed out that it often produces an amelioration in the symptoms and seems to initiate recovery.

An analysis of the last 1,591 cases of typhoid occuring in the Toronto General Hospital shows that both these views are right in that the cases in which hemorrhage has occurred have a much higher death rate than have the oters—37 per cent. as against 6.3 per cent.—and yet, on the other hand, many of these hemorrhage cases showed at least a temporary marked improvement, not only in the temperature, but also in the pulse rate and general condition. The high death rate in cases showing hemorrhage must be due to either (1) excessive loss of blood, or (2) to the fact that such cases have more or less deep ulceration and hence are more apt to have perforation and peritonitis. Again, bleeding is most apt to occur in the very toxic cases and many of them succumb to toxemia.

It is suggested that in some severe toxic cases of typhoid the good effects which so often occur from hemorrhage may be attained and the dangers avoided by the employment of timely venesection.

Cholecystectomy Versus Cholecystostomy.

Dr. George W. Crile, at the last annual meeting of the Southern Surgical Association, says:

Considering all the consequences of infection, cholecystectomy shows a morbidity and a mortality lower than cholecystostomy. The clinical results of cholecystectomy are good, while in unsuitable cases cholecystostomy is followed by recurrent cholecystitis. I have seen no adverse effects from cholecystectomy, provided that the division is made at the beginning of the cystic duct, that no gall-bladder tissue is left, and that the division does not at all encroach on the common duct. If acute infection is present, then in most cases cholecystostomy should be first perfomed, followed if required by a later cholecystectomy. If the gall-bladder and the cystic duct are approximately normal, then the gall-bladder is left, cholecystostomy being the operation of choice. If the gall-bladder is thick, contains much scar tissue, is shrunken, shows chronic infection of the musculature and is much impaired, if the cystic duct is partially or completely strictured, or if a stone is impacted in the duct, then cholecystectomy is made.

Radium for Cancer of the Prostate.

Drs. Pasteau and Degrais, of Paris, in the Journal d'Urologie, Medicale et Chirur gicale, say:

Prostatectomy for carcinoma, either as a palliative or as a radical operation, has given very poor results. This fact has stimulated the authors to attempt to obtain better results by radium treatment. At the outset they point out that perseverance by the surgeon and by the patient are indispensable elements in the treatment; in a number of their cases the patients disappeared from observation satisfied that they were "cured."

After analyzing the various routes along which radium could be applied, the authors concluded upon a "crossfire" between a tube of radium placed against the prostate through a perineal incision and a second tube inserted in the rectum. In this paper the authors describe only the details of the technic of radium therapy through the urethra.

The results in the few cases they report are remarkable. Although in none of them was the diagnosis of carcinoma established by microscopical examinations, they were all considered to be typical cases of advanced carcinoma of the prostate, in no sense operable. In the first case treatment was begun in 1911. Not only is the prostatic tumor now notably diminished in volunme, but the large masses of inguinal glands are also less than half the original size. The second case, treated for a year, is even more strikingly improved. The mass of glands in the right inguinal region, at the beginning of treatment the size of a child's fist, is now almost entirely gone. In the other cases cystostomy was performed; all three demonstrated tremendous improvement, for the authors stated that the diagnosis of carcinoma could not have been made when the prostate was felt through the open bladder; all three cases were operated upon for cystitic symptoms at considerable periods after radium therapy had been applied.

In none of the treated cases did the radium therapy appear to result in any harm.

Diagnosis and Treatment of Inoperable Cancer.

We give the following conclusions of an able paper by Dr. Constantin Daniel, of Bucharest, Roumania, professor in the University of Bucharest. The paper is published in the Interstate Med. Jour., St. Louis.—Editor.

From what precedes, the following conclusions may be drawn:—

1. A cancer is said to be inoperable when the total ablation of the primary seat and the second propagations are beyond the resources of any modern operative measure. The indications of the operatibility in general are the local state or condition of the tumor and its secondary extension, the gavity of the general symptoms and the organic resistance of the patient.

2. The limits of operability have not been extended by modern researches, and it is the poinion to-day that for every neoplasm which, from a local point of view, has passed beyond the boundary of the primarily invaded site and is accompanied by extensive secondary propagations, or where there is a general cancerous condition, surgical intervention should be formally interdicted.

3. When a cancer, upon local examination, seems at the limit of operability, laparotomy should be performed, since the possiblity of a radical ablation of the tumor can be established only by direct examination of the lesion.

4. There is no specific treatment in existence to-day against cancers. Surgical ablation, extensive and performed early, is still the best treatment for circumscribed neoplasms. To prevent recurrences and metastases, the operation should be completed by a series of auxiliary methods (radiumtherapy, X-ray), and internal anticancerous medication.

5. In the present state of our knowledge, as regards the treatment of cancer, we can affirm that inoperable and hopeless tumors, one should use the complete series of anticancerous therapeutic methods (local application of radium, X-ray, chemical agents; medicinal and specific internal treatment). These may cause the retrogression of the cancerous processes and even cure some cases.

6. Recent observations have demonstrated that a local or general therapy, which is well conducted, can retard the anatomical evolution of the lesion, and render, to inoperable cancers, a service which is considerable. By divers appropriate methods and by a symptomatic treatment directed against pain, hemorrhages and cachexia, the existence of patients is made more bearable; many are hopeful again, and some even experience a feeling of well-being.

7. Among the many therapeutic measures which have been employed in operable tumors, each has its advantages and disadvantages and cannot be applied indiscriminately to all forms of neoplasms. Hence, there is no special method that can be recommended to the exclusion of others, but there are many forms of treatment which ought to be combined while attending the same patient.

8. Early radiotherapy is about the most efficacious of all local treatment (X-ray, heat, electricity, chemical caustics) proposed against cancer. If effects real cures and may be employed especially in very extensive cancers with slow metastases, and in postoperative recurrences. As to chemical agents, the majority of them cause a temporary retardation in the evolution of the lesions, without any permanent results.

9. Inoperable cancers may be benefited, to a great degree, by internal medication. Of all the recent forms of treatment which have been advocated, silica and selenium, by their results and by their simple modes of administration, constitute two remedies which render real service in the general therapy of inoperable cancers. Associated with the surgical and physiotherapeutic treatment, they may prevent or retard recurrences and metastases.

Splenic Enlargement, Hemorrhage, Orol Sepsis

Dr. W. E. Wynter, in the Proceedings of the Royal Society, reports the case of a man aged 50 who had severe epistaxis in May, 1913. He went to the hospital and the teeth were attended to after the bleeding had been stopped. On August 10 there was sudden pain below the left ribs; the spleen was found enlarged, and when the patient was admitted to the hospital on August 20 it extended to within 1½ inches of Poupart's ligament, and 2 inches beyond the umbilicus in the middle line. It was firm and not then tender. The heart and lungs were normal. On September 10 sudden and severe pain occurred over the spleen, with subnormal temperature, vomiting, and collapse. Friction could be heard over the organ, which was apparently the seat of an infarct. A similar attack occurred two days later, but less severe, and no friction could be detected. On September 18 severe and persistent epistaxis occurred, which was only arrested by plugging the nostrol. On September 25 this recurred with less severity, both attacks being preceded by severe headache. No lesions of the mucous membrane could be detected. Apart from the leucocyte count the picture was that of splenic leukemia. The urine contained 0.3 per cent. albumin, but was otherwise normal; specific gravity 1020; it was acid and clear; albumoses were not found. The teeth were much decayed, have been entirely neglected, and there was extensive pyorrhea.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular February meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Friday, February 13th, at 8:30 P. M.

The following members were present: Drs. Bewley, Clements, Conaway, Canning, Carrington, Fox, Guion, Harley, Lee, Marvel, Poland, Reynolds, Senseman, Schmidt, Stern, Stewart, Scanlon and Williams.

The following visitors were present: Drs. McGlynn and Kennedy, of Philadelphia; Dr. Hunter, of Westville, and Dr. F. K. Dickinson, of Jersey City.

After the reading of the minutes and the usual routine of business the following program was presented:

"Some Phases of Appendicitis," Dr. G. Williams, of Atlantic City.

"Wounds and Their Treatment," Dr. Gordon K. Dickinson, of Jersey City.

Discussion was opened by Dr. James W. Kennedy, Philadelphia.

BERGEN COUNTY.

Fred. S. Hallett. M. D., Reporter.

The February meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, Feb. 11, at 8.15 P. M.

The Vice-President. Dr. J. E. Pratt, occupied the chair, and twenty-five members were present.

The meeting was saddened by the report of the death of one of our honored members, Dr. Carrie H. Van Horn, of Englewood, haviug died February 4, 1914, the chair appointed a committee to draft a suitable obituary, a copy of which will be sent to the Journal for publication

The following new members were elected: Dr. Paul O'Brien, Carlstadt; Dr. Roy Gates Perliam, Hasbrouck Heights; Dr. Charles F. Buckley, Edgewater.

Scientific programme — Dr. Max Einhorn, New York City, gave us a very interesting and instructive talk on "Constipation: Its Causes and Treatment," which was discussed by Drs. Bell, Calhoun and Edwards.

After a social session the meeting adjonrned.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

Death again suddenly came to a member of the Camden County Medical Society, and on Monday, January 19th, at his home in South Pasadena, California, Dr. Joseph S. Baer, for many years a prominent member of this Society, passed away.

Dr. Baer was another member of the Camden County Society who had sought health in the mild climate of southern California, and seemed about to have gained it. So that the news of his sudden death came as a shock to his many friends here.

A special meeting of the Camden County Medical Society was held Wednesday evening, January 21st, and the following resolutions were adopted:

"Whereas, The operation of nature's immutable law has removed from our midst Joseph Silas Baer, an esteemed fellow physician and member of this society; be it

"Resolved, That our heartfelt sympathy be extended to the widow and daughter of Dr. Baer in their deep bereavement.

"Born in the troublous ante-bellum days, Dr. Baer's life seemed to borrow a melancholy from that period that pursued him to the day of his death and burdened his career with troubles and cares to an unusual extent and to our narrow perspective so richly undeserved.

"To trace his career briefly from the little red-headed youngster, fleeing terror-struck into the hills near Carlisle, when the shot and shell of our great civil strife were screaming over the city, to the clerk in the grocery store, to the owner of that store, to the traveling salesman, to the medical student, and finally to the physician, shows the indomitable courage and determination of the man to develop his talents to the uttermost.

"Dr. Baer was richly endowed with the attributes of the great physician—enthusiasm, honesty, gentleness, a skill in diagnosis that at times was almost intuitive, a touch like a caress, and a sympathy ever-ready and responsive to soothe and encourage. In spite of a large general practice he found time to become an excellent abdominal surgeon and to create and conduct a large and active gynecological department in a local hospital. It was there, in his own words, that he spent the happiest moments in his life.

"Minutes make the years, and trifles, life. Man's career is but a speck on the horizon, disappearing from view almost as soon as perceived. What man does or does not is of little consequence in the two hundred thousand years of our mundane existence. To us who occupy the stage at the present moment even memories pause but a little e're they pass and fade from view, forced onward by the ever-increasing flood of pleasures, burdens and cares that fill a life. Let us pause, then, for a moment in recognition of one who has fought a good fight and who has every inalienable right to the distinction of gentleman.

"Thomas B. Lee,
"Paul M. Mecray,
"Daniel Strock,
"Committee."

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society held a regular scientific meeting on Tuesday, January 6th, to hear Dr. Woglom of the George Crocker Special Cancer Research Fund of New York on the latest work of this research. The many familiar facts about the malignancy of cancer, its prevalence, as for example, that of all adults over 35 years of age one in eight of women and one in twelve of men have some form of cancer, as shown by mortality statistics, were marshaled to recall the extreme importance of the subject. The universality of Cancer is not exceeded by any disease. In etiology, Chronic Irritation is an invariable cause and, therefore, throws light on the site as being where this irritation most prevails. The address was illustrated with lantern slides.

The William Pierson Medical Library Association held a regular scientific meeting on Tuesday, February 17th, at Orange, and heard a paper of interest and unusual importance, because of the very hazy conceptions of both medical men and laymen in which the matter is shrouded, on "the Results of Scientific Investigations of the Effects of Cold Storage upon Foods." The gist of the investigations as stated by the speaker, Dr. Herbert D. Pease, was that Cold alone did not have a deleterious effect upon foodstuffs, but vile as the conditions sometimes might be of foods when removed from cold storage, this was due to a corresponding condition when they were put in and not to degeneration afterwards. Foods seventeen months in cold storage showed the same bacterial counts before and after. This compels the conclusion that protection of the people lies in safeguarding the handling of foods before and after, the same problem that keeps coming forward whenever pure food is discussed. If the law, either from faults in legislation or execution, allows conscienceless business to foist upon an innocent public food so contaminated or impure as to be unwholesome, cold storage will not improve it and good food with low bacterial count and cleanly handled if put into cold storage, will not deteriorate and if then kept clean can be safely used. The cold does not itself damage. The William Pierson Medical Library Association again met on Tuesday, February 24th, and heard a timely paper by Dr. Wm. E. Butler, of Brooklyn, on "The Income Tax as it affects the Medical Profession."

The Essex County Pathological and Anatomical Society at the regular meeting in January presented the following program:

Presentation of Cases—Large Pigmented Mole of Scalp in Infant, Dr. Pinneo; Persistent Hemorrhage from Varicose Ulcer, in Chronic Myelogenous Leukaemia, Dr. Haussling; A Case of Bichloride Poisoning, Dr. Sprague.

Presentation of Specimens—Primary Carcinoma of Epiglottis, Dr. Eagleton; Fracture of Skull, with Epidural Haemorrhage, Dr. Staehlin; Intracanilicular Myxoma of Breast, Dr. Patterson; Extensive Metrorrhagia from submucous Fibro-myoma, Dr. Epstein; Oedema of Glottis following Peritonsillar Abscess, Dr. Coffey.

Demonstration of Specimens from City Hospital, showing Purulent Pericarditis, Hemorrhage at base of Brain, Fractured Skull, and others, Dr. Martland.

At the meeting February 12th another of the uniformly excellent programs was offered as follows:

Presentation of Cases—1, Achondroplasia, chondrodystrophia, Dr. Bumstead; 2, Brain Tumor, Dr. Eagleton; 3, A case of Paresis treated by the intra-cranial route, Dr. Wardner. Discussion by Dr. Martland.

Presentation of Specimens: 1, Renal Calculus with pyelonephritis, Dr. L. Schneider; 2, Goitre Specimen, Dr. Cook; 3, Goitre Specimen, Dr. Epstein; 4, Aneurism of the Abdominal Aorta, Dr. Staehlin; 5, Melano Sarcoma of finger, Dr. Sprague; 6, Merkel's diverticulum, Dr. Morrison; 7, Multilocular ovarian cyst, Dr. Strasser.

Demonstration of specimens from the Pathologic Laboratory of the City Hospital, illustrating tuberculous disease of the spine, acrania, etc.

Papers: (Lantern Slides) 1, A case of Pernicious Anaemia, with demonstration of blood changes, Dr. Tetter; 2, The Pathology of Epilepsy, with demonstration of foreign body in brain, Dr. Thorne (Morris Plains.)

This society wishes it universally understood that they want anyone to offer specimens or cases for these meetings, which are public, without special solicitation.

The Academy of Medicine of Northern New Jersey has presented in the different section meetings, profitable programs. Pediatrics entertained Dr. J. P. Crozer Griffith, Professor of Diseases of Children, University of Pennsylvania, on January 7th, who spoke on "Typhoid Fever in Children." At the meeting February 5th, under special call for election, Dr. E. W. Murray was chosen chairman of this section for the unexpired term. Medicine on January 13th discussed a paper by Dr. C. C. Beling on "Intra-thecal Treatment of Syphilis;" and on February 10th, one by Dr. C. E. Teeter on the "Management of the Diabetic." Surgery and Gynecology on January 22nd, heard a paper by Dr. Chas. L. Ill on "Fibroid Tumors Complicating Pregnancy," also a report by Dr. A. F. Dowd on "The Treatment of 105 Cases of Puerperal Sepsis at the Newark City Hospital." Eye, Ear, Nose and Throat on January 26th heard a paper by Dr. Ross Hall Skillern, of Philadelphia, on "Accessory Sinuses of the Nose." At the general meeting of the Academy of Medicine, January 21st, Dr. Egbert Le Fevre, of the University and Bellevue Medical College, read a very instructive paper on 'The Pathologic Physiology of Cardio-Vascular Disease." At the stated meeting February 18th, Dr. Fred H. Albee, of the Post-Graduate Medical School, New York, presented in a most interesting paper his recent progressive work in the "Original Surgical Uses of Bone and Cartilage Graft" with lantern slide demonstration and report of 225 cases.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Soeiety was held February 3, 1914. In the absence of the President and Vice-President, Dr. H. H. Brinkerhoff took the chair.

Under routine business the minutes of last meeting were read and approved. The Dinner Committee, Dr. G. K. Dickinson, Chairman, made report which was received, and the committee was discharged with thanks.

A report of the Committee on Vaccination was read, in which they endorsed the procedure, and recommended it to the Board of Health.

Albert Leining, M. D., 17 Fourth street, Weehawken, and Emanuel Klein, M. D., 32 W. 22nd street, Bayonne, were elected to membership.

A communication from the Council on Health and Public Instruction, American Medical Association, was presented, in which subjects such as occupational diseases, prevention of tuberculosis, infant mortality, etc., were suggested as appropriate for the line of work.

Dr. Brinkerhoff complimented the society on the good showing made in the payment of dues, even with the increased per capita tax.

Dr. L. L. Lewis spoke on the income tax question, and asked whether one should state in the return the amount one charged for services, or the amount actually collected. Dr. H. Spence stated that a certain amount might be marked off as uncollectable, but that a correct showing must be made. Dr. M. A. Swiney understood that the expenses of a business could be charged off, and wondered how this could be adjusted, as many of the expenses, while not an actual part thereof, were made necessary by the business. Dr. J. H. Rosenkranz thought one had the right to charge off as expenses such items as necessary servants, telephone, automobile, and all other necessary expense, just the same as in any other business, but if you do not own your house, you can not charge off the rent.

Dr. J. M. Rector had cited some interesting brain cases at the last meeting of the society, and had then mentioned his intention of operating on the patient he now presented: 39 years old, born in Greece, seventeen years in U. S. On July 5th, 1913, he fell from trolley, and was injured. Thereafter had persistent pain at the site of the head trauma. Diagnosis of chronic pachymeningitis was made, and on January 9th, 1914, operation was undertaken, a four inch osteoplastic flap was made, and no trouble was experienced in breaking the flap On exposing the dura there was entire absence of pulsation, which furnished the key to the situation. A dural flap was made one-quarter inch smaller than the other, and on opening three-quarters of a teacupful of serum was extruded, and the brain began to pulsate. Dura closed leaving one-quarter inch for drainage, and likewise drilling holes in flaps. Patient made complete recovery.

Dr. J. M Cassidy presented a paper citing and commenting on a case of gastric ulcer. This paper is forwarded with the society's report, for publication in the Journal.

(This paper will appear in the April Journal.—Editor.)

A paper on "The Psysiological and Psychological Functions of Artificial Light," was read by Mr. F. Laurent Godinez, Consulting Lighting Specialist, and member of the Jersey City Chamber of Commerce.

Meeting adjourned.

PASSAIC COUNTY.

Joseph H. Oram, M. D., Reporter.

The regular monthly meeting of the Passaic County Medical Society was held in the Braun Building, February 10, 1914. The President, Dr. A. F. McBride, was in the chair. There were about forty members present.

The minutes of the last meeting were read and approved. On motion, the regular order of business was suspended to enable Dr. S. A. Twinch, of Newark, who furnished the first part of the evening's program, to return early.

Dr. Twinch presented five cases of Pott's disease cured by spinal bone grafting. He also showed several pictures on the screen of these same cases and described them at some length.

Dr. C. R. Mitchell exhibited two cases. The first was a patient who had previously had an epitheliama of the upper lip, but had been cured by the free use of arsenical paste. The second case was one of lues, simulating lupus.

Dr. O. R. Hagen read a most excellent paper on the "Life of Joseph Sister."

Drs. R. E. Armstrong, A. Machlin and D. T. Millspaugh, who had applied for reinstatement, were elected to membership.

The Secretary reported that the returns from the postal card ballot indicated the majority of the members were in favor of a per capita assessment to defray the necessary expenses of the Committee on Public Health and Legislation.

The chairman of the Health and Legislative

Committee reported what they had accomplished thus far in their work against the illegal practice of medicine in this county.

Tri-County Medical Society, South Jersey.

George E. Reading, M. D., Secretary.

The above society held its regular meeting at Hotel Paul, Woodbury, on January 27, 1914.

Papers were read by Drs. J. W. Kennedy and E. J. G. Beardsley of Philadelphia. That of Dr. J. W. Kennedy being entitled "How can we Lower Mortality in Abdominal Surgery?" and that of Dr. Beardsley being "Chronic Diseases of the Lungs."

Dr. C. F. Fisher, of Clayton, who recently underwent gastroenterostomy for perforating duodenal ulcer, was present and was in excellent condition—better than he has been in years and he was high in his praise of the Murphy button.

I enclose a copy of Dr. Kennedy's paper for publication in "The Journal."

Local Medical Societies.

Atlantic City Hospital Clinical Society.

Byron G. Davis, M. D., Reporter.

The Atlantic City Hospital Clinical Society held its regular monthly meeting in the board room of the hospital on Wednesday evening, February 18th, at 8:30 o'clock.

The subject matter for the evening program was "Joints" and was discussed freely by the members of the society.

The following cases were reported:

"Syphilis of the Shoulder Joint in an Infant," by Dr. Ward Scanlon.

"Syphilis of the Knee Joint," by Drs. Silvers and Schmidt.

"Tuberculous Arthritis of Knee," by Dr. Thomas D. Taggart.

Demonstration of X-ray plates in cases of "Toxic Arthritides," by Dr. W. C. Wescott.

Associated Physicians of Montclair and Vicinity

Walter B. Mount, M. D., Secretary.

On Monday evening, February 2nd, 1914, there was held a special meeting of The Associated Physicians of Montclair and Vicinity at the Montclair Club. Dr. James S. Brown of Montclair read a paper on "Oblique Fractures of the Long Bones," which he illustrated by lantern slides of X-ray plates and a few photographs.

Dr. Brown said that the treatment of fractures had been much neglected, and that we are just waking up to the necessity for better results. In attaining these the X-ray is helping us very much; and it is an especially valuable procedure to reduce the fracture on the X-ray table, taking pictures immediately after reduction and after fixation. He brought out the difference between a good functional result and a good anatomical result and said that the latter should assure the former, and is being more and more demanded through the widespread use of the X-ray.

Oblique fractures of the femur in adults, for instance, as treated by the extension method all have some deformity and shortening. In children the anatomical results are better and the functional results excellent, because it is easy to overcome the muscles in children. In children suspension has superseded extension. In oblique fractures not perfectly reduced nor easily retained in position he favored an open operation with the use of Lane's metal plates. Reduction also becomes easier when the ends of the fragments are exposed and can be pried into position.

Bad results have been reported from the use of Lane's plates, as infection of the wound, or loosening of the screws. The results depend on the individual operator, infection being the chief trouble. Accurate apposition is necessary for a good result. The screws do not always become loose, as has been proved on removal of the plates. Perhaps Lane's plates are not the best support possible; the last word in the operative treatment of fractures had not been spoken. Bone plates taken from the tibia have not been strong enough for use in fractures of heavy bones. Non-union is not an indication for the use of Lane's plates, but perhaps for live bone plates, for the latter, but not for the former, stimulate osteogenesis. Non-union is only promoted by lack of motion unless the fragments are in perfect apposition.

In considering the advisability of operation in any given case of oblique fracture of one of the long bones there must be taken into account the patient's age, general physical condition, station in life, occupation, etc.; in short, the operative risks. Even to overcome a marked deformity one would not operate on a patient with diabetes or nephritis nor on a very old person.

DISCUSSION.

Dr. Love said that the open method of treatment is surely going to be used in the large majority of cases of fracture of the long bones. To educate the public to this measure the co-operation of the general practitioner with the surgeon is necessary. He thought the aim should be a good anatomical result as well as a good functional result.

Dr. W. H. Areson thought that bone transplantation might prove to be better than Lane's plates. The public have been educated to expect operations for appendicitis and for fracture of the patella and could be educated to expect operation for difficult fractures of the long bones. He emphasized the importance of the proper interpretation of X-ray plates; and cited a case which, ten days after the injury, showed in the plates a marked deformity with overriding, but on operation on the following day the bones were found in perfect position.

Dr. Brown replied that he thought that in this case reduction must have taken place between the time of the X-ray and the time of the operation—that there could not be such a marked exaggeration of the condition by the X-ray. He said that a portable X-ray machine is a necessity for every up-to-date hospital; that no good portable apparatus has been produced in the United States; and that he had ordered

a German apparatus for the Mountainside Hospital, so that any ward patient could have an X-ray taken in bed. He said he was even more anxious to have good results in the hospital than in his office.

MEETING HELD FEB. 23, 1914.

On Monday evening, February 23rd, The Associated Physicians of Montclair and Vicinity held their monthly meeting at the Montclair Club. The speaker of the evening was Dr. Charles H. Peck, of New York City. His subject was "Surgery of the Large Intestine." He had collected for a number of years the statistics of Roosevelt Hospital and of cases he had seen outside the hospital; and he reported in detail some of the most instructive cases. He spoke particularly of carcinoma and of radical operations for its removal or palliative measures in inoperable cases. A good discussion followed the reading of the paper, after which there was a light supper and a social half-hour.

Bayonne Medical Society.

Martin I. Marshak, M. D., Secretary.

The following are the case reports and the discussions at the meeting of the Bayonne Medical Association held at the home of Dr. J. Lane Sanborn, January 17th, 1914.

By Dr. Frank: A case of a woman thirty years old having frequent fainting spells. Husband and children healthy. After last fainting spell about six weeks ago, she lost her power of speech although voice sounds continued normal. Physical examination showed mitral murmur with compensating heart. No paralysis anywhere. Probably a case of hysteria.

A case of tuberculosis (pulmonary) with sudden development of wrist drop. This man had worked in a copper foundry for fifteen years. No glands in axilla. This sometimes occurs in cachectic conditions according to Osler.

By Dr. Klein: A case of cramps in both legs. Patient a female, age thirty-seven. For the last eight or ten years, since she had a gynecological operation, has been having these pains nightly, except when she goes to the country when they persist for a week or two and then disappears entirely, reappearing when she comes back to town. The muscles of the legs and thighs "knot-up." Reduced by massage. Wants to know the cause of the trouble. Dr. Woodruff reasoning from the fact that the patient ceases to have cramps when she changes her diet and mode of life in the country, thinks that it is probably due to autointoxication.

By Dr. S. R. Woodruff: A case of pregnancy with pain in both sides of the pelvis. He gave calomel, then patient developed signs of general peritonitis. On operation, found ruptured appendix with free pus in the abdomen. Seven hours later patient went into labor. She got well and went home. A week following her going home, she developed pneumonia and died.

By Dr. W. W. Brooke: A case of incarcerated hernia in a man of seventy. Had worn a truss for forty years. Four weeks ago hernia became incarcerated. Feared to operate because of patient's condition. Kept pain down with ice caps and kept bowels open. After three weeks of this treatment, a radical operation with castration was done. Patient made good recovery.

A case of general ptosis or Glenard's disease. Stomach as low as the pelvis. Liver not enlarged but ptosed as low as umbilicus. Had badly torn perineum.

By Dr. Hunt: Case of convulsions due to alcohol in small dose in a young women not accustomed to the use of liquor of any kind.

By Dr. M. A. Swiney: A case in which he used pituitrin, with good results.

By Dr. A. C. Forman: A case of malignant scarlet fever in a child of four years. Death came on in thirty-six hours. No rash excepting in groin.

Dr. Woodruff then read the paper of the evening entitled "The Significance of Blood in the Urine." Blood in the urine means an erosion somewhere in the genito-urinary track, due to mechanical or chemical causes or to cell proliferation. It appears either mixed in the urine, in layers, in clots or as blood pigment. A painstaking examination should be made of all patients with blood in the urine to find the exact cause. A thorough examination should be made by catheter, cystoscope, ureteral catheter, X-ray and chemical and microscopical urine study.

Cases of hematuria may be first, traumatic, as by blows, falls, instrumentation, stones, or any other thing that will cause an unnatural laceration of the genito-urinary mucous membranes; second, inflammatory, as acute nephritis, acute and chronic inflammatory lesions of the kidney, tuberculosis, acute and chronic infections of the kidney pelvis, acute cystitis, prostatitis, vesciculitis, and urethritis, as in gonorrhoea; third, vascular causes, as nevi, venous obstruction of the kidney, hydronephrosis, blood dyscrasias as hemophilia or scurvy, and varicosities of the veins of the blood; fourth, chemical, that due to the ingestion of irritant drugs as turpentine, cantharides, etc.; fifth, toxic, as occurring in malaria, acute yellow trophy, scurvy, smallpox and toxemias of pregnancy; six, neoplastic, tumors in any part of the track; seventh, parasitic; eighth, essential hematuria or hematuria where no definite diagnosis can be made.

Differential diagnosis. In cases of stone, the most important aid is the X-ray; in combination with the X-ray ureteral catheter so that such things as enlarged glands, intestinal contents and atheromatous patches in the arteries may be ruled out. To be more sure, a second plate is taken, after collargol injection. The stone shadow will then be fused with the collargol shadow. Stones in the intra-mural portion of the ureter can be seen by cystoscopy as can vesical stones, these last, however, might be hidden in some fold of the bladder or behind the prostate in the male, or may be covered with mucus and epithelial cells and thus be hard to find. Prostatic and urethral stones are very rare and are easily found by elimination of the posterior urethra. Other symptoms accompanying stones are colic, pus in the urine and epithelial cells from the pelvis or ureter in many cases.

Acute and chronic nephritis can be differentiated by their accompanying signs and symptoms as edema, gastric symptoms, eye symptoms, headache, heart lesions, and urine picture, etc. Tuberculosis is generally found in young adults.

Blood in the urine is frequently the first symptom of this disease. Dysuria and frequent micturition are present. Pyuria is a later symptom along with involvement of the urinary bladder. Acute and chronic infections of the kidney pelvis often produce blood in the urine. These are either due to colon bacillus infection or to an ascending infection from the bladder, prostate, or seminal vesicals. Either gonorrhoeal, pneumococcic or colon bacillic.

Nevi or venous obstruction are practically impossible to diagnose and may only be seen at operation or necropsy. Hydronephrosis can be easily shown by collargol injection followed by X-ray. Varicosities of the veins of the bladder can be easily seen with the cystoscope. In chemical cases, history is the most important factor in diagnosis. Tumors may be hypernephroma where there will be history of intermittant hemorrhage over a period of time from a few months to a year. Cystic neoplasms of the kidney come next in importance. Bladder tumors benign or malignant show themselves by blood in the urine.

Tubercular ulcers in the bladder wall always cause bleeding and can readily be seen by cystoscope. Tubercular conditions higher up in genito-urinary track are harder to differentiate. Kidney tuberculosis is usually diagnosed by tuberculin reaction, pain, loss of weight, pyuria, tenderness, and the exhibition of the tubercle baccillus in the urine, or by injecting urinary sediment into a guinea pig. Renal sarcoma is generally found in children and show bacteremia, emaciation and large tumor. Parasitic conditions found only in Asiatics and Africans.

Essential hematurias are usually the undiagnosed cases. These cases on operation sometimes show only engorgement of the kidney and are then cured by decapsulation. Some are cured by passage of ureteral catheter or by injection of horse serum. Most of the cases of essential hematuria end up in chronic nephritis. Oxaluria sometimes causes these essential hematurias.

Dr. Swiney, on discussion, divided blood in urine into painless and painful varieties. He says it would be harder to make a differential diagnosis in the painless variety. Calculi in the urethra may be mentioned as a cause of hematuria. Hematuria may also be due to bullous edema of the base of the bladder. Corrected in a case he cited by repair of cystocele. Tuberculosis sometimes causes painless type of hematuria. Painful hematuria at times caused by kinking of the ureter, especially in movable kidney. Salvarsan may be added to the chemical causes. If stones are in the lower part of the ureter they may be felt through the rectum or vagina. In renal surgery, the functional activity of the other kidney should be made out before doing anything radical. He showed statistics by Von Illyes giving mortality from kidney operations as 17.2 per cent.

Dr. Klein stated that epithelial cells can give no clue to the part of track they come from. Hematuria may be the first symptom of renal tuberculosis. Malignancies of prostate may cause hemorrhage. Bichloride of mercury and other corrosives may be added to the chemical causes.

Dr. Axford spoke of a case he had seen that day in which the X-ray catheter had passed right up the ureter and found in the picture that it had passed two stones in the ureter larger than beans.

Dr. F. M. Corwin said that blood in the urine is not always of serious pathognomonic significance. In certain cases he thought it better to give astringents per os. A great many cases of essential hematuria may be due to congestive causes. He wished to put in a word of protest against too much instrumentation.

Dr. G. H. Sexsmith spoke of the value of quinine in stopping hematurias.

Dr. Woodruff in closing the discussion said that renal tuberculosis is almost always accompanied by dysuria and frequent micturition. He quoted Furniss, Squires and McCarty, that differential diagnosis of hydronephrosis by ureteral catheter flow should not be made. Passage of the catheter causes a sympathetic flow of urine. Average flow is six drops every thirty seconds. The flow is no criterion of how far up the catheter is. Hematuria from large prostate is usually due to instrumentation of examination. Treatment of hematuria by adrenalin into the pelvis of the kidney gives some results. But the daily passage of the catheter which is necessary is dangerous.

The insertion of Dr. Marshak's excellent report of the February meeting we are compelled to defer untill next month's issue.—Editor.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club met at the New Jersey State Hospital at Morris Plains, on the evening of January 21, 1914. The members were the guests of Dr. George R. Hampton and Dr. Marcus A. Curry of the Hospital Staff. Dr. A. A. Lewis of Morristown presided.

The club had the pleasure of hearing an able and instructive paper by Dr. J. T. Gwathmey, of New York City, on Oil-Ether Colonic Anesthesia. As yet only about 200 persons have been anesthetised in New York City by this method. There have not been any serious complications in any case that could be attributed to this method of producing anesthesia and where Dr. Gwathmey's technique has been followed, supplemental administration of ether by inhalation has but rarely been necessary. The placing a piece of plain gauze over the mouth of a patient not sufficiently anestheized has often been sufficient to produce surgical narcosis.

The doctor has chloretone administration one hour before the time of operation together with a little oil-ether so as to desensitize the lower bowel. He does not advise the introduction in any case of more than eight ounces of the oil-ether mixture preferring to add ether by inhalation if more complete muscular relaxation is required. The amount given up to eight ounces is governed by the weight of the

patient, one ounce of the mixture for every twenty pounds of the body weight. If there is fever the amount of the mixture used should be reduced as the ether is much more rapidly absorbed from the bowel when pyrexia is present. Operations for the removal of diseased adenoids and tonsils had been satisfactorily performed when this method of anesthesia was used. Goiters had also been removed and the ether given in this way seemed to act beneficially on the heart where there was much bradycardia as the pulse became slower and less and less bounding. This method had also proven of considerable value where there was much fear of taking ether by inhalation and in alcoholics or athletic men. Very fat persons either male or female however made the best subjects.

Anesthesia to an anesthetist possibly was looked at from a different standpoint than that of a surgeon. As far as possible there should be nothing that might be disagreeable to the patient and the nearer the condition could be made to approach a safe and pleasant dream, so much more closely it came to the ideal method of anesthelization.

At the close of the paper, a demonstration was given and profound anesthesia produced with complete relaxation of the muscles in about fifteen minutes. Everyone present was impressed with the easy manner in which the patient was rendered unconscious, the steady quiet breathing, the slowing of the pulse and the good condition of the patient throughout the operation. The discussion was general and in reply to numerous questions, Dr. Gwathmey said that he did not advise this method of ether administration in all operations. That he felt that the absorption of ether was automatically controlled in three ways: Firstly, only a definite proportion of ether could be separated from the olive oil. Secondly, the elimination of ether from the lungs was almost as rapid as its absorption from the bowel. Thirdly, the evaporation of the ether cooled the bowel and this lowering of the temperature contracted the capillaries thus reducing the amount of ether that could enter the circulation. As the ether after entering the blood passed through the liver, any noxious substances present were removed and the ether thoroughly warmed. These happenings prevented the irritation of the lungs common in inhalation of ether with the result that the secretion of large quantities of mucus in the bronchi did not take place.

The doctor was given a hearty vote of thanks after which a bountiful luncheon was served.

An abstract of Dr. Gwathmey's technique follows:

Technique for the Induction of Oil Ether-Colonic Anaesthesia by J. T. Gwathmey, M. D.

Contraindication: 1. Whenever either is contraindicated except when the patient has been ill from a previous administration. Here it can be given with impunity. It can also be given in bronchitis, asthma. 2. Pathological conditions of the lower bowel; colitis hemorrhoids, fistula, etc. 3. When the patient complains very much upon its introduction.

Preparation of Patient: 1. A laxative; mild—avoid all purging. 2. Irrigation of the colon until the return is clear, three to four hours before operation.

Apparatus: 1. A small catheter and a funnel. 2. Two small rectal tubes inserted side by side to flush and withdraw fluid.

Administration: 1. (a) One hour before operation per rectum—Chloretone, Gr. 5-10. Ether, Drams 2-4, Olive Oil, Drams 2-4. (b) One-half hour before operation — Morphine, ⅛-¼, Atropin, 1/200-1/100 by hypo. 2. (a) Mixture for adults—Olive oil, oz. 2. Ether oz. 6. Mixture for weak anemic patients—Ether, 55-65%, Oil, 45-35%. Mixture for children—Ether-Oil, 50%. (b) Patient in Sims position. The catheter is well lubricated and inserted 4 inches within the rectum. The mixture is poured slowly into the funnel, at least 5 minutes being consumed. Introduce oz. one for every 20 pounds of body weight except for obese. From 10 to 30 minutes is necessary before patient can be moved.

Danger Signals: 1. Loss of lid reflex. 2. Stertor or embarrassed respiration. 3. Approaching cyanosis. If any of the above signs are present, withdraw two or three oz. of the mixture from the rectum immediately. If the breathing is regular, with reflexes active, the patient will be relaxed and in surgical narcosis.

Post-Operative: Immediate irrigation of the colon with cold water soap suds, then withdraw one of the tubes from the rectum and introduce two to four oz. of olive oil and one pint to one quart of cold water. Withdraw tube from the rectum.

Practitioners' Society of Eastern Monmouth.

W. B. Warner, M. D., Secretary.

The Practitioners' Society of Eastern Monmouth meets upon the evening of the second Thursday in each month, except in July, August and September. The meetings are usually held at the homes of the members, in the towns of the eastern or coast section of Monmouth County.

The officers elected at the annual meeting in October were as follows: President, W. K. Campbell, Long Branch; vice-president, R. B. Wilson, Red Bank; secretary, W. B. Warner, Red Bank; treasurer, W. A. Robinson, Ocean Grove.

The society met at Red Bank in October, at Asbury Park in November, at Long Branch in December, at Asbury Park in January, and in February the meeting will be held at Eatontown, a village about half way between Red Bank and Long Branch.

The papers which have been read at the meetings (titles and names of writers) are as follows: October, "Chronic Heart Disease," W. W. Beveridge, Asbury Park; November, "Comments on Catarrh of Gall Bladder," Geo. W. Potts, Asbury Park; December, "Congenital Diseases of the Heart," Earl Wagner, Asbury Park. Dr Wagner exhibited a case of Patent Ductus Arteriosus in a male twenty-five years old. As the same meeting H. T. Partree, of Eatontown, read a paper on "Thyroid Therapy," and H. E. Shaw of Long Branch exhibited a mass of cysts obtained from an operation upon a patient who proved to have hydatids of the liver. Edwin Field of Red Bank, read a synopsis of present day scientific knowledge relative to hydatids.

At the January meeting Lester D. G. Wise, of Long Branch, read a paper on "The Feeding of Infants."

The next meeting of the society is scheduled for the evening of February twelfth at H .T. Partree's home at Eatontown. Edwin Beech will read a paper on "Scarlet Fever," and P. P. Rafferty and Joseph T. Welsh will open the discussion.

Orange Practitioners' Society.

The fourteenth annual banquet of the Orange Practitioners' Society was held Friday evening, February 27th, in the rooms of the William Pierson Medical Library, in the Public Library, Main street and Essex avenue, Orange. The committee in charge of the event is composed of Dr. Charles W. Banks, Dr. Frank B. Lane and Dr. Linn Emerson.

Dr. Ralph H. Hunt, of East Orange, was the toastmaster and the speakers were as follows: Dr. George D. Stewart, of New York; Rev. Dr. William H. Morgan, pastor of Calvary Methodist Church, New York; Edmund H. Walker, of East Orange; Assemblyman W. Clive Crosby, of East Orange; Howard MacSherry, of Newark.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club, Friday evening, January 30th, 1914, at 8.30 P. M. Dr. D. E. English entertaining and Dr. R. H. Hamill in the chair.

The following members were present: Doctors Baker, Campbell, English, Gorton, Hamill, Keeney, Lamson, Lawrence, Meigh, Meister, Prout, Smalley, Wolfe, Krauss, Bowles, Tweedell, Jones and Sutphen, and Doctors O'Reilly, Vaughan and Bramley of Summit as guests.

The paper of the evening was read by Dr. English on "The Infancy of Migraine and Arterior Sclerosis." Dr. English said that there was a large group of diseases in childhood, which were the result of a congenital asthenia and irritability of the nervous system, which were all allied to each other and could be grouped together. These diseases often occur in those who later develop arterio-sclerosis. He made the following natural group of diseases which were allied to each other. Convulsions, recurrent vomiting, enuresis, coldness of the surface and chilliness, abnormal irritability, migraine, neurasthenia, some forms of insanity, epilepsy, inebriety and drug habits, and hysteria.

These cases are prone, later in life, from the age of 40 on, to develop arteriosclerosis. That which begins after the age of 65 is not allied with this group of diseases, but is almost a natural change in the arteries. He described the symptoms of the above mentioned diseases, and showed how one will often merge into another, all being due to instability of the nervous system. This reacts on the blood vessels so as to produce the arteriosclerosis later in life.

In giving the treatment of these cases, he said that in infants who were liable to have convulsions, there was need of higher fats in their food, and he suggested giving cod liver oil, egg yolk and over-feeding generally, with a little pepsin to aid digestion, its action being that of a gastric sedative. It is important to keep these children in the open air with direct sun baths, and to keep them warm by suitable clothing. He finds tr. nux vomica useful in such cases. For constipation, he uses an occasional dose of calomel or petrolatum or phenolphthalein. In cyclic vomiting, he gives bicarbonate of soda continuously. In enuresis, he advises the use of thyroid, in doses of one-eighth grain every two days, to a child five years old. As these children grow older, the diet should be rigidly regulated and they should give up active work earlier in life than the average person. Children who have cold skin he gives nitroglycerin or belladonna occasionally, so that the contracted blood vessels may have a rest, even if only temporary.

The paper was fully discussed by Dr. T. P. Prout. He said that it seemed to him a long way from convulsions to arteriosclerosis and he questioned the grouping of all these different conditions under one general head. He considers the cause of arteriosclerosis as a direct poison of the blood stream, such as lead, arsenic or phosphorus, or else the poison due to exhaustive diseases like typhoid and others where the changes take place in the blood vessel walls, fatty degeneration followed later by a sclerotic process. Arteriosclerosis, therefore, is not so much the result of congenital disease as to a scar on the vascular wall left by some definite infection. He believes that in the near future, the complement fixation test will be used to determine what factor causes arteriosclerosis.

Dr. Prout said that the following diseases might be grouped together in two groups,—enuresis and chilliness of the skin; in another group—cyclic vomiting, epilepsy and migraine, but he did not consider that all of the diseases mentioned by Dr. English could be placed in one group which lead to a later anteriosclerosis.

The paper was also discussed by Doctors Sutphen, Meigh, Tweedell, O'Reilly, Lawrence, Krausse, Lamson, Baker, Vaughan and Hamill.

The meeting adjourned and refreshments were served.

Dr. Ralph H. Hunt, East Orange, was elected President of the State Organization of Mosquito Extermination Commissions last month.

German Surgical Congress.

The Forty-third Congress of the German Society of Surgery will be held in Berlin from April 15 to 18, 1914, at the Konigl. Hochschule fur Musik, under the presidency of Prof. W. Muller of Rostock.

National Association for Study of Epilepsy.

The twelfth annual meeting of the National Association for the Study of Epilepsy will be held in Baltimore, May 25.

Medical Jurisprudence Association.

The American Association of Medical Jurisprudence has been incorporated under the laws of the State of New York. The membership is to consist of physicians and lawyers. The first annual meeting is to be held in New York City, May 2, under the presidency of Dr. Reynold Webb Wilcox.

THE JOURNAL
OF THE
Medical Society of New Jersey

MARCH, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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IMPORTANT NOTICE!

The Official List of the State Society will be issued as a supplement to the April Journal. Several new members have recently been added to the County Societies. Will the secretaries please have their names and dues sent to the State Society's officers IMMEDIATELY, in order that their names may appear in the List.

We are always pleased to give space in the Journal for Original Articles prepared by New Jersey or other doctors and try to give them early insertion, but sometimes late reports and other matter requiring prompt insertion compel us to defer them. We regret this month to defer those of Drs. K. M. Vogel, O. Lowy and C. B. Kelly, and also an editorial by Dr. F. D. Gray on an important subject; they will appear next month. We insert two editorials this month, written at our request, by Drs. E. J. Ill and Alex. Marcy, Jr.

We are highly favored this month in having two valuable papers from such eminent doctors as Prof. J. C. Bloodgood, of Johns Hopkins University, Baltimore, and Prof. M. H. Fischer, of the University of Cincinnati. We know our readers unite with us in thanking them and assuring them that we shall esteem it an honor to have the columns of our Journal enriched by any communications they may hereafter offer.

LEGISLATIVE BILLS.

We call special attention to the two bills pending in our State Legislature, which will be found on pages 146-148. They ought to receive the careful consideration and active support of every intelligent, honest and humanity-loving physician, not because they favor his pecuniary interests, for *they do not*; they are in a great measure prejudicial to those interests. But the medical profession is, in the main, composed of an honorable, unselfish, altruistic body of men who believe in Preventive Medicine, which means the safeguarding of the lives and health of the citizens of the State, and it also means the saving of millions of dollars annually of the State's assets.

As we have often said, the whole 148 years' history of the Medical Society of New Jersey abounds in evidence of the fact that it has exalted the public good—the welfare of the State and its citizens—not only far above its members' private pecuniary gain, but often at great cost of money, comfort and sometimes even of life itself.

The committee appointed by the State Society to devise methods to secure better health administration in our State, although its members have given much time and thought and have been fully convinced of the need of reorganization of our State Board of Health and its methods of work, has had nothing to do with the drafting of the bill printed on page 146, as it was understood that the Commission on Economy and Efficiency was drafting a bill which would probably have most of the features our committee favored. When the commission's bill was prepared, its chairman met with our Society's committee and explained its features, and after considerable discussion it was unanimously decided by our committee to approve and support it, though it differed in a few particulars from what members of the committee would have chosen. We ask every member of our Society to sustain and actively support this bill. It is at least a great step in advance as it adopts modern methods of health administration. It is practically the methods adopted by New York State, which has secured the services of one of the most eminent sanitarians in the country as its Health Commissioner—Dr. Herman M. Biggs. In some particulars we believe the bill as drawn is better for New Jersey than the New York bill would be. We therefore urge our members to use their influence with the legislators of their respective counties for the passage of this bill.

The other bill defining the Practice of Medicine should pass without question. It is right in principle and is decidedly for the benefit of the public. These two bills will be fought by every quack and every nostrum vender and every ignoramus whom they can, by deception and fraud, influence. They will also be opposed by other men who dare to trifle with human life for selfish ends or for the supposed advantage of partisan politics.

We support these bills because they are *right and ought to pass* and to pass this month. Our State Society sought, for more than ten years—1866 to 1877—to *secure* a State Board of Health; our effort *to make it better* ought not to take ten weeks. When that is secured, let us insist upon the greatest care in the selection of the Health Commissioner. No man has been mentioned in the committee's meetings, nor have we thought of one or heard any name proposed, but he certainly should be a man who has been thoroughly educated in sanitary science and has extensive experience in public health administration—*the ablest and best man procurable,* if he is to be found in New Jersey, well; if not here, from anywhere in the United States, even if we have to pay him $10,000 a year salary.

UNETHICAL ADVERTISING.

One of the great difficulties the profession has to contend with is to keep itself out of the newspapers, magazines and lay journals generally. The writer of this had great difficulty at one time in that direction and threatened to sue the publishers of papers who insisted on mentioning his name. This put an effectual stop to it.

There has been entirely too much advertising in the magazines and papers of late. The picture of the Doctor, his hospital, radiographs, photographs of cured patients, etc., etc., have appeared until the profession as a whole has become disgusted. This has not been among the lesser lights, but among the foremost, those of whom we heretofore thought well of. Nor has the individual person always been the perpetrator, but the heads of the public institutions, who should know of our ethical efforts. Only within a few weeks there appeared an article in a Newark newspaper with the names of our best men, who have always thought and acted ethically and who are no doubt innocent in the matter. There was evidently a slip of one of the internes or the Medical Superintendent, for the descriptions bear all the ear-marks of having been given out by a Doctor.

Nothing has done the medical profession more harm than this indiscriminate publication of experimental work. It raised unwarranted hopes in the patients and their friends. For we must call intracranial injection, radium treatment, bone and blood vessel transplantations but experimental.

Take but two examples: the Friedmann serum and the radium exploitations. The latter we know came from a man of whose honesty and integrity there can be no question and much reported in the newspapers was no doubt sensational—the offspring of an imaginative reporter. But the public will be confused and mention the two names in conjunction. All we can say, to the laity, when asked about these things, is, that when you see a thing of that kind in the ordinary magazines or newspapers doubt the correctness of it unless it is announced by the profession as a whole and look at the names mentioned with suspicion. As to the indiscriminate articles publishing work said to have been done by Doctor A or B and accompanied by his picture and his radiographs, we wish to say that it would be wise if the Council of the Academy Medical Society took notice of it. The ordinary practitioner wants to know why the big man may sin, while he is likely to be brought before the County Society for a like or lesser offense.

E. J. Ill.

UNIFORM STANDARD OF MEDICAL LICENSURE.

Is *A Uniformly* high standard of Medical Licensure necessary in order to elevate the Medical Profession in the United States?

That the standing of the profession in this country has not been in the past as high as it should be is so true that it is quite unnecessary to attempt to prove it by citing either facts or figures, the statement itself is quite sufficient. That there has been a very great improvement in the past few years is equally true, and the important question at this time is, how can we further improve it, and place our profession on the high plane where it belongs.

There are many answers to this question but the most important is the necessity for a *uniform examination* for *Medical License.* Each State has the right to fix its own standards and determine the qualifications of those wishing to practice medicine or surgery within its borders, and as no two States have precisely the same requirements, it is self evident that there might be, and undoubtedly there is, a marked difference

in the character and ability of the men practicing in the different States.

As a national law is out of the question because of its infringement on States' rights, how are we to overcome the difficulty? This can be done by a *National Association* of Medical Examining Boards. Such an association could establish rules and regulations for the conduct of examinations, could prepare suitable questions to be used by all boards, and see that the examinations are held in all States at the same time.

It could also determine and promulgate a standard of requirements of preliminary education, length of time to be spent in medical colleges and post-graduate work—either in hospitals as internes, or in special post-graduate courses, etc. It could also decide as to the character of the examination, whether written, or oral, whether they should be more or less practical by demonstration at the bedside, on the cadaver, or by means of the maniken, etc., and make such other rules and regulations as are necessary in order to make the examination a thorough one, and one that would surely disqualify any person who was not properly prepared mentally, morally, or physically from entering on the practice of this —the greatest of all—professions.

In any event our standard must be raised, both as to preliminary education, character and ability of medical school, and post-gradate study, or hospital training. The science of medicine requires men of the highest attainments, of the broadest education and culture and of the most careful and thorough special training. The Examing Board must stand as the bulwark between incompetency and human life; therefore it must continually raise the standards, and make it more and more difficult for incompetent men to get into the profession. If as a result it does curtail the number of future practitioners, it will also so improve the quality that the best interests of the people will be served, and the honor and prestige of the medical profession will be advanced tremendously.

That the profession is already overcrowded no one will deny, and many who are engaged in practice find it difficult to make a respectable living. As a rule this is because of mediocrity, and yet this is not necessarily so. In any other calling most, if not all, of them would have been successful. What a blessing it would have been for them if there had been some such force which would have shunted them away from medicine at the beginning, and they had been persuaded to choose something better suited to their limitations and abilities.

Too many men have entered the medical profession with the idea that it was an easy and very respectable way of earning a living, not being actuated by high motives, or adopting it as a career, with high ideals and a desire to accomplish great things for humanity. The Licensing Board must be the principal factor in elevating the standards, in preventing incompetent men from entering the profession and in curtailing the supply so that there shall not be an over-production. The examining board's requirements should be the same in every State, and any license issued should entitle the holder thereof to practice anywhere in the United States.

In order that those who have qualified to practice should keep up with the advances made in the medical sciences and continue worthy and competent, they should be compelled to be re-examined at certain stated intervals, and if they have not kept abreast of the times, and are not sufficiently well versed in the advances that have been made, or if for other good and sufficient reasons, their licenses should be suspended until they were competent, or in some cases revoked altogether. Those who successfully passed however should have a new license granted to them that would confer on the holder's advanced standing in the profession and additional privileges in its practice.

This may sound utopian, but is there anything more important than the conservation of human life, and is not the medical profession its most important conserver? If so, then the individual doctor must be just as proficient as it is possible for him to become, and the licensing board in the last analysis, is the only agency that can control the situation. A. MARCY, JR.

BERIBERI IN UNION COUNTY JAIL.

The following is the report of the Jail Committee on cases of Beriberi occurring in the Union County Jail:

Elizabeth, N. J., November 6th, 1913.

To the Sheriff and Jail Committee of the Board of Chosen Freeholders of Union County:

The special committee from the Union County Medical Society, together with the health officer of Elizabeth, have investigated the cases of illness occurring for the past ten years among the prisoners of the County Jail and which have been especially prevalent among the long-term prisoners during the last three months, and would respectfully report as follows:

We have considered carefully the sanitary conditions of the jail, the history and symptoms

of the cases, the diet of the prisoners, together with their enforced sedentary habits; we have consulted with the United States Public Health Service at Washington and have arrived at the following conclusions:

First—In our opinion the disease is Beriberi, which is particularly prevalent in prisons and on shipboard, where the diet is restricted and the habits are necessarily sedentary, and so far as is known it is caused by the removal of the pericase from grains, especially rice. We find the rice used in the jail is what is known as polished rice—that is, the outer case has been removed.

Second—So far as is known it is not contagious.

Third—The sanitary conditions of the jail are excellent.

We recommend that the polished rice be stricken from the diet or that unpolished rice be substituted.

We also recommend that the prisoners be given outdoor employment as far as practicable.

(Signed) N. L. Wilson, A. Stern, H. R. Livengood, J. H. P. Conover, Committee; L. J. Richards, Health Officer.

The committee find record of twelve cases of Beriberi occurring in the Union County Jail during the year 1913, on which it bases its diagnosis and report. Other cases have no doubt occurred in a mild form and have been overlooked and not put on the records.

The disease has appeared in epidemic form from time to time, with periods of remissions during which it was absent.

The chief symptom in all cases but one was dropsy, which began as a rule in the lower extremities and extended over the entire body. (The disease is known in certain parts of India as epidemic dropsy.) The other symptoms occurring in their order of frequency were:

First—Cardiac affections occurring as a myocardial or endocardial lesion.

Heart action tumultous, irregular, with or without murmurs. Pulse full, bounding and intermittent; dyspnoea was a pronounced symptom, as were also anorexia, constipation and anemia. Urine examinations were negative except in two cases, where there were slight traces of albumin and a few casts.

Blood examinations showed marked anemia. Red 2,500,00 to 3,500,000. Two Wassermanns negative.

Some patients looked sick enough to die and I believe would have died except for their removal. The dropsy and cardiac symptoms so completely masked the nerve symptoms that the latter were overlooked at first or were not present.

But all patients developed loss of knee jerk—complete anaesthesia of the anterior tibial areas and in the latter stage a peculiar dragging gait. Several patients complained of pains in the limbs and stiffness in the knees.

The disease attacked the robust as well as the weak. The patients came from all parts of the country and the average time of commitment before symptoms were noticed was eighty-nine days.

The last case occurring was the only one diagnosed in which anasarca was not present. Only the neuritis and heart symptoms were present in this case. The former were very marked and locomotion was difficult. Reflexes were absent. There was entire anaesthesia of both limbs below the knees.

Osler defines Beriberi as an endemic and epidemic multiple neuritis of unknown etiology occurring in tropical and sub-tropical countries, characterized by motor and sensory paralysis and anasarca.

He also describes four forms, viz.:

(1) The incomplete or rudimentary form, which sets in with catarrhal symptoms, pains, weakness in legs, paraesthesia oedema, cardiac involvement. Symptoms subside after a week or month, to return again in warm weather.

(2) The dry or atrophic form, where loss of power and atrophy develop rapidly with cardiac symptoms, but there is no dropsy.

(3) The wet or dropsical form, where the oedema and cardiac symptoms play the most important role and where the nerve symptoms are overlooked. This class corresponds to the cases occurring in the jail.

(4) The acute or cardiac form, which is fulminating, and death results before the other symptoms become manifest.

The mortality in different epidemics range from 2 to 50%; no cases died in the jail series, but I believe they would have done so had they not been removed.

Up until the present time there have been numerous theories regarding the etiology, but I believe that the United States Public Health Service has definitely decided that polished rice is the cause.

Removing the pericap takes away from the grain a large percentage of phosphorus which it seems the system requires. This occurs in other tropical grains where the pericap is removed.

We find that polished rice is largely used in this country by families on account of its appearance, and that the rice supplied to the Union County Jail was polished rice.

Two meals each week consisted of this rice. This would probably not have been sufficient to have caused Beriberi had the inmates been working in the open, but confined as they are without sufficient exercise for long periods of time renders them more susceptible. This would account for the fact that the "trustees" and men employed in the cook house did not get the disease, although apparently living on the same diet.

Neither were the women affected. This would be accepted for in several ways: First, women are much less susceptible to the disease than men, as is proven by statistics of the disease in other countries where it prevails; second, woman's work is necessarily indoors and she does not miss the outdoor work as do the men, nor does she become anaemic from confinement indoors so readily; third, women are usually in for shorter sentences than the men.

There have been several outbreaks of Beriberi occurring in institutions in the United States reported recently and I have no doubt there have been more epidemics than have been reported.

The disease is looked upon by some as being due to faulty metabolism and as closely related to scurvy. The cases we had gave one the impression of some toxin in the system, but causing no fever.

The committee is indebted to Dr. H. B. Parker, of the United States Marine Hospital Service, for valuable information on the subpect and corroboration of the diagnosis; also to Mr. Louis Richards, health officer of Elizabeth, for valuable assistance.

Dr. Parker informs me that chickens fed on polished rice will get Beriberi within twenty days and be unable to stand or fly, while those fed on unpolished rice remain normal.

He says the treatment is, first, change of place, if only next door; feed rice bran or polishings, together with light, easily digested food, dry phosphorus, iron and tonics.

No cases have occurred in jail since rice has been omitted from diet.

H. R. Livengood,
Jail Physician.

Dr. Herman B. Parker, Passed Assistant Surgeon, U. S. Public Health Service, who was detailed by the P. H. S. to visit Elizabeth and investigate the character of the cases of sickness in the county jail, submitted his report November 19, 1913, which is published in the Public Health Reports of February 6, 1914. The cases examined were found to be beriberi. He gives details of three of them, and also a table of 22 cases tabulated by Dr. Livengood as having occurred in the jail during the last three years, giving dates of development of symptoms and time confined before development of symptoms, the latter—time confined before symptoms developed, running from 44 to 164 days. The report fully confirms Dr. Livengood's and the committee's diagnosis.—Editor.

THE ACT TO REORGANIZE STATE BOARD OF HEALTH.

Senate Bill No. 162.

Introduced by Senator Edge, February 16, 1914, and Referred to Committee on Judiciary.

An Act to reorganize the Board of Health of the State of New Jersey, to provide for the appointment of a Commissioner of Health of the State of New Jersey, and to define their respective powers and duties.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. The State Department of Health shall consist of the Board of Health of the State of New Jersey and the Commissioner of Health of the State of New Jersey.

2. The Board of Health of the State of New Jersey shall consist of six members, not more than three of whom shall be members of the same political party and all of whom shall be residents of the State. At least two of the members shall be physicians, at least one a veterinarian, and at least one a sanitary engineer.

3. The members of the Board of Health of the State of New Jersey shall be appointed by the Governor by and with the advice and consent of the Senate for the following terms to commence on the first day of May, one thousand nine hundred and fourteen; one for one year, one for two years, one for three years, one for four years, one for five years and one for six years. Annually thereafter one member shall be appointed for a term of six years. Vacancies shall be filled for the unexpired terms. The board shall meet in the State House in Trenton at such times as its rules may prescribe in each and every month and at such other times and places within the State as in its judgment may be necessary. The members of the board shall receive no compensation for their services, but the State Treasurer, upon the warrant of the State Comptroller, shall pay their necessary expenses.

4. The Commissioner of Health of the State of New Jersey shall be an expert in sanitation and hygiene. He shall devote his entire time to the duties of his office. He shall be appointed by the Governor, by an with the advice and consent of the Senate, for a term of five years and until a successor his been appointed at an annual salary of seven thousand dollars.

5. The powers and duties of the Board of Health of the State of New Jersey shall be as follows:

(a) It shall exercise all the powers and perform all the duties now exercised and performed by or conferred and charged upon it.

(b) It shall enact rules to regulate the transaction of its business.

(c) It shall enact a State Sanitary Code which shall contain such rules and regulations, the observance of which in its opinion will promote health and prevent disease. It shall prescribe the time when each rule or regulation shall take effect, and it shall cause a copy of the code and of each amendment or addition thereto to be sent to each local board of health. Such code shall supersede as to those matters to which it relates all local rules and regulations and shall be observed throughout the State and enforced by all local health authorities. Nothing herein contained, however, shall be deemed to limit the right of local health authorities to make such further rules and regulations as in their opinion may be necessary for the particular locality under their jurisdiction, provided that such rules and regulations do not conflict with the laws of the State or the State Sanitary Code.

(d) It shall call to the attention of local health authorities any failure on their part to enforce the law of the State or the State Sanitary Code and afford them an opportunity to explain their failure. Its determination as to what is a reasonable notice shall be conclusive. If, after hearing, it finds that no good reason exists for the failure of the local health authorities to enforce the law of the Sanitary Code, it shall issue an order directing them so to do. If the local health authorities fail to comply with such order within the time specified, or if none is specified, within a reasonable time, the State Board of Health shall itself take such action as may be necessary to perform the acts specified in the order. Any contracts which it may make for such purpose shall be binding upon the local municipality and shall be deemed to have the same force and effect as if duly authorized and made by the local health and municipal authorities. Any moneys expended by the State, and the amounts of all obligations incurred by the State Board of Health to comply with such order may be recovered in an action in its name from the municipality the health officers of which fail to comply with the order. In all legal proceedings the order

of the State Board of Health shall be prima facie evidence of compliance with the provisions of this law and conclusive evidence of the violation recited in it.

(e) It shall prescribe, subject to such laws as may exist, the qualifications of all health officers and of all nurses.

(l) It shall fix the salaries of all persons employed by it or by the Commissioner of Health.

(g) It shall issue subpoenas signed by its president and secretary compelling the attendance of witnesses and the production of books and papers in any part of the State, before it or any of its committees or before the Commissioner of Health.

6. The powers and duties of the Commissioner of Health of the State of New Jersey shall be as follows:

(a) He shall attend all meetings of the Board of Health of the State of New Jersey and shall be ex officio its secretary.

(b) He shall perform all the duties now imposed on the secretary of the State Board of Health.

(c) He shall exercise general supervision over all matters relating to sanitation and hygiene throughout the State.

(d) He shall be and he hereby is charged with the enforcement of all laws relating to the health of the State, and of the provisions of the State Sanitary Code.

(e) He shall be and he hereby is charged with the collection, preservation and tabulation of all information required by law in reference to births, marriages, deaths and all vital facts.

(f) He shall, when the Board of Health of the State of New Jersey is not in session, exercise the powers conferred upon it in subdivision D of section five of this law, and any order issued by him shall have the same force and effect as if issued by the Board of Health of the State of New Jersey.

(g) Whenever the health authorities of any county or municipality fail to enforce the health laws of the State or the provisions of the State Sanitary Code, he may direct the State Comptroller and the State Treasurer to withhold from such county or municipality such moneys as may be due or as may thereafter become due to it from the State for any purpose whatsoever, and it shall be the duty of the State Comptroller and of the State Treasurer to withhold and to continue to withhold such moneys upon receipt of such direction until the Commissioner of Health certifies to them that the local health authorities of the county or municipality, as the case may be, are enforcing the health laws of the State and the State Sanitary Code.

(h) Whenever the approval of the Board of Health of the State of New Jersey is required to any act, plan, paper or proposed undertaking, he shall examine same, and when in his opinion necessary, conduct hearings and examine witnesses, and he shall report to the board what he has done with his recommendations.

(i) He shall prepare a monthly health bulletine and cause same to be distributed among the local health authorities. He shall confer from time to time with the Commissioner of Education and co-operate with such Commissioner of Education so that from time to time health bulletins shall be distributed among all the public schools of the State and the children educated in sanitation and hygiene.

(j) At least once in every year he shall call to gether local health officials for a general conference on the health of the State and a discussion of ways and means to promote same and to prevent disease.

(k) He shall be a member ex-officio of each county mosquito extermination commission and shall co-operate with them for the effective carrying out of their plans and work. He shall furnish such commissions with such surveys, maps, information and advice as they may require for the prosecution of their work, or as in his opinion will be an advantage in connection therewith.

(l) He shall obtain, collect and preserve such information relating to the health of the State and to the prevention of disease as may be useful in the discharge of his duties or as may contribute to the welfare of the people of the State.

(m) He shall, whenever in his opinion it is necessary or advisable, or when directed by the Board of Health of the State of New Jersey, make a sanitary survey of the whole or any part of the State, and it shall be the duty of all local health officials for such purpose to furnish such information as he may demand, and to perform such acts as he may direct with regard to and within the territory under their jurisdiction.

(n) He shall from time to time recommend to the Board of Health of the State of New Jersey such changes and additions as he thinks should be made to the State Sanitary Code.

(o) He shall report to the Board of Health of the State of New Jersey upon such matters and at such times as may be prescribed in its rules.

(p) He may, and any person authorized by him so to do may, without fee or hindrance, enter upon, examine and survey all sources and means of water-supply, all sewage disposal plants, all sewage systems, all prisons, public and private places of detention, asylums, hospitals, schools, public buildings, private institutions, factories, workshops, tenements, and also any premises in which he has reason to believe there exists a violation of any health law of the State or of any provision of the State Sanitary Code.

7. Whenever it is necessary for the Board of Health of the State of New Jersey to hold any hearings or to make any investigation under this or any law or rule, such hearings or investigation may be held or made by the direction of the board in accordance with such rules as it may prescribe before or by the Commissioner of Health, who shall submit to the board the evidence taken by him together with his opinion thereon and his recommendations in regard thereto.

8. The Board of Health of the State of New Jersey, by its presiding officer, each of its committees by their chairman, and the Commissioner of Health, shall have authority to administer oaths and to examine under oath in any part of the State witnesses in any matter relating to the powers and duties of the board, or of the commissioner, or of the health of the State, or the prevention of disease. Any person who having been sworn by the presiding officer of the board, or the chairman of any of its committees, or by the Commissioner of

Health, and who wilfully gives false testimony shall be guilty of perjury.

9. The Commissioner of Health may be removed by the Governor after a trial; provided, that charges against him have been submitted in writing signed by a majority of the members of the board; and provided, further, that the Governor finds such charges to be true in fact and their nature such that in his opinion the best interests of the State demand the removal of the commissioner.

10. The terms of the present members of the Board of Health of the State of New Jersey, and the term of the present secretary of the board, shall expire on the thirtieth day of April, one thousand nine hundred and fourteen.

11. All acts and parts of acts inconsistent with the provisions of this act are hereby repealed, and this act shall take effect on the thirtieth day of April, one thousand nine hundred and fourteen.

MEDICAL PRACTICE BILL.

Senate Bill No. 81.

Introduced by Senator Barber.

An Act to amend an act, entitled "An Act to regulate the practice of medicine and surgery, to license physicians and surgeons and to punish persons violating the provisions thereof," approved May 22, 1894.

Be it enacted by the Senate and General Assembly of the State of New Jersey:

Section eight of the act of which this act is amendatory be and the same hereby is amended so that it shall read as follows:

8. Any person shall be regarded as practicing medicine (or) and surgery within the meaning of this act, who holds himself or herself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, or who shall either offer or undertake by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, or who shall use the word or letters "Dr.," "Doctor," "Professor," "M. D.," or "M. B." in connection with his or her name, or any other title intending to imply or designate him or her as a practitioner of medicine or surgery in any of its branches; [and who in connection with such title or titles, or without the use of such titles, shall prescribe, direct, recommend, advise, apply, give or sell, for the use of any person or persons, any drug or medicine, or other agency or application, for the treatment, cure or relief of any bodily injury, deformity or disease:] and it is further provided, that the use of any one of the aforementioned titles, or the exposure of a sign, circular, advertisement or any other device or information indicating thereby the occupation of the person or persons, shall be considered prima facie evidence; and it is further provided, that the provisions of this act shall apply to all persons professing and attempting to cure diseases by means of the so-called system of "faith-curism," "mind-healing," "laying on of hands," and other similar systems, but nothing in this act shall be construed to interfere with the religious tenets of any church, nor shall the provisions of this act apply to the practice of osteopathy by any person duly licensed under the provisions of an act entitled "An Act regulating the practice of osteopathy in the State of New Jersey, and to license osteopathic physicians to practice in this State, and to punish persons violating the provisions thereof," approved April second, nineteen hundred and thirteen.

This bill was amended in the Senate, February 24th, permitting Christian Scientists, chiropodists, dentists and those having honorary degrees to use the word "doctor."—Editor.

Editorials from Medical Journals

Report on Medical Defense.

From Northwest Medicine.

As suits for malpractice are prevalent in this state and as they are apparently increasing in frequency it would be well to consider the causes of such suits. In general they are as follows:

1. Carelessness in making proper examinations, diagnoses and records of cases. Proper examinations and adequate records will obviate trouble in many cases. In every case physicians should be in position to offer expert evidence if necessary.

2. Neglect to secure the services of a consultant in serious cases or where it is difficult to make an exact diagnoses.

3. In nearly all instances, where suit is brought or threatened, some physician has encouraged such suit by a careless expression of disapproval of the treatment given the patient. In this connection it is to be regretted that, while physicians generally will not testify against their own county members, they often testify against members of a neighboring county society.

4. One suit leads to another, especially when physicians and defense companies frequently pay small amounts rather than go to the expense and publicity of a trial.

5. Many cases are brought or threatened as counter claims to avoid payment for medical services.

6. In states where the employer is protected by an Industrial Compensation Act there is a tendency for dishonest claimants and their attorneys to attack the physician as he is the only unprotected person available.

7. Fifty per cent. of alleged malpractice cases result from the treatment of fractures an dislocations. Physicians should be especially careful in handling these cases, and whenever possible, should obtain a competent radiograph.

Suits for Damages and their Defense.

From the California State Medical Jour.

Some of our members who have joined in the last year or so do not understand that the State Society has a legal department of the very best and that it defends its members, without cost to them, other than their regular dues and assessments, in all such actions. Membership in the State Society, because of this one feature alone, is now one of the most valuable assets that a practicing physician can have. The suits which we have defended, all of them successfully, in 1913, would have cost the individual physicians sued a great many thousands of dollars—and they would not all of them have been won. Our legal department is so well up in this work and our lawyers are of such high standing that in many cases where the member has also had insurance in some company, he has requested our attorneys to take charge of

his case. The rules covering this work, formulated by the Council, are very simple and it may not be untimely to remind our members of them.

First of all, a physician must at all times be a member in good standing of his county medical society. No one will be defended who was not a member at the time he treated the patient for the alleged malpractice and also at the time when the suit is brought; that means he must be continuously a member. All memberships terminate on December 31st, but all who were members on that date are carried as members till March 1st, at which time they are automatically dropped as from January 1st and when they pay up and their names and the amount of the assessment for them are sent in by the secretary of the county unit, then they are placed on the roll as from the date when the name and the money was received in the office of the State Society. They have lost their protection between the first of January of that year and the date when they are again put on the roll of members. Therefore it is important to see that your dues are paid promptly in January, when they are due. When any threat is made against a member or any claim for repayment of money or anything of that sort, it should be reported at once to the Secretary of the Society. * * * When this is done it enables us to head off a good many suits that otherwise might be brought. When a suit is filed and the papers are served on a member, he must send them, or an exact copy, to the Secretary within 48 hours. We are not responsible, financially, for any unauthorized consultations with local lawyers. When our chief counsel cannot attend to cases personally, he arranges with a local attorney, after consultation with the defendant. Never answer any threatening letters from patients or lawyers; send them immediately to the Secretary; be sure that your dues are always paid up; if you are served with papers in a suit, send them immediately to the Secretary.

Could any rules be simpler? Suits are increasing rather than decreasing; there seems to be a craze to "sue the doctor"; are you protected? You do not and cannot know what day some disgruntled patient may sue you. It is much easier to pay the few dollars a year your dues cost you than many hundreds or thousands of dollars it would cost you to defend a suit. Medical defense by the State Society is real defense; it defends.

Medicine and the Pulpit.

From the London Lancet, October 4th.

Dr. W. Sampson Handley points out that there are many men who, like St. Luke, have abandoned medicine for the ministry. An eminent example is Canon Arnott, now, and for the past twenty-eight years, rector of Beckenham, who is a Fellow of the Royal College of Surgeons, a distinguished pathologist, and the author of a work on cancer. In entering the ministry of the Church he realized a youthful ambition, deflected for a time to medicine by parental wishes. He rigidly abstains from any exercise of his old craft of surgery, whether by way of advice or practice, and this appears to be the safe general rule of those who leave the profession. His busy life in a large parish with four churches has left him little time to keep up his old and still vivid pathological interests. But he admits that while medicine has no direct value in his present field of work, the old scientific training, the long hours spent in microscopic work, the power of sympathy with suffering, the realization of the inexhaustible study and experience needed for anything like dogmatism in the ways and by-ways of nature, the humility necessary before the baffling problems of life and disease and death—all this is of incalculable value in his present profession. He speaks, too, of the knowledge of men and affairs which medicine gives, and of the intimate acquaintance with the seamy side of life to be gained perhaps better in a hospital surgical out-patient practice than anywhere else in the world. Such is Canon Arnott's personl estimate of medicine as a liberal education.

Short Cut Cure for Inebriety.

Editorial Wisconsin Med. Jour. Nov. 1913.

The medical profession should hail with delight the signs of the times demonstrated by the campaign recently launched by the Chicago Tribune against the advertising quack and his nefarious methods. The time has been so brief since the higher grade medical journals have refused to accept questionable advertising matter that we have scarcely prepared ourselves for the spectacle of the daily press doing likewise. The action of the Tribune is to be highly commended especially because of its prominence and persistency in reforms once undertaken. There is one less class of particularly pernicious advertising which has of late been given great prominence in the lay press as well as in some medical publications—we refer to the mushroom institutes for the treatment of inebriety—the so-called three day treatment. The best informed men on this subject have been satisfied to effect a cure in these cases during a period of several months. The Keeley Cure reduce the time to four to six weeks and now it is claimed to be possible in three days. One noticeable thing in the change of time in these cures is that the cost for three days' treatment has remained the same as that for four weeks and is requested in advance.

It is high time that the attention of the medical profession was called to the dangers of this new type of quackery. The procedure of the men at the head of these institutes is to produce such a degree of nausea in the patient that he cannot retain liquor or food. Large doses of atropine, strychnine and hyoscine add to the already profound auto-intoxication so that the individual frequently develops a very critical condition. The writer has during the past eighteen months seen and treated five cases of acute insanity developing directly from this "cure." We know of no class of cases in which the term "cure" is a greater misnomer, for these unfortunate creatures almost invariably relapse in a very short time, due probably to the fact that they are turned loose on the community at a time when their physical and mental condition has been greatly impaired by the very cure they sought for their affliction.

The physician is frequently called upon for advise in handling the various types of alcoholism. Let him remember that there is no short cut to a cure in these cases. Time is required

to relieve these patients of their autotoxemia, build up the physical man, and restore him to his normal mental state. A. W. R.

Editorials from the Lay Press.

A Good Bill.

From the Trenton State Gazette.

Assemblyman Fishler, of Essex County, has introduced a bill in the House which forbids the teaching of sex hygiene in the public schools of New Jersey, and the measure ought to become a law.

The Board of Education of Plainfield has put the ban on the teaching of sex hygiene in the schools of that town, and it is enthusiastically backed by the people.

It is all right to know thyself, but we believe that no good can come of undertaking to open the minds of our youth to all the mysteries surrounding their sex.

There are more important things to teach boys and girls in the public schools than sex hygiene, which is apt to inflame their minds and start them in a wrong direction.

Pleas of Insanity.

From the Daily State Gazette, Trenton.

The long disagreement of the jury as to the responsibility of Hans Schmidt for the murder of a young woman he had debauched will again direct public attention to the inadequacies of most of the laws of the various states affecting pleas of insanity. If a person should escape from an asylum and commit a homicide, humanity would shrink from inflicting punishment on the demented offender. But a homicidal mania is dangerous, and any person who has once yeilded to it should be ever after kept secure and harmless.

A crminal lawyer once wrote a defense of Cain, showing that he was insane when he slew his brother Abel. The transfer of the affections of the human family from himself to his younger brother, followed by Jehovah's favor of the supplanter, was enough to cause emotional insanity, and the incoherent way in which he replied to the questions of his Maker added to the proof.

With a strict definition of sanity, no murderer was ever sane. But there should be more latitude in the legal definition of the word. Men who have moved about for years among their fellows without there being any suspicion as to their sanity succeeded, after a revolting crime, in befuddling jurors by feigning madness. The law should be changed so as to be clear, instructions of the court should be simplified so they may be grasped by the juror of average intelligence, and alienist witnesses should be forced to drop their polysyllabic patter and talk in common language and address themselves to the common sense of jurors.

The instructions of the average judge in a capital case, particularly where they cover the question of insanity, cannot be comprehended by the layman, even though he be but a spectator, without the feeling of responsibility which so oppresses the inexperienced juror.

"Improving the Race."

From the N. Y. Tribune.

It's a far cry from Battle Creek to Athens, but the cry for race improvement is strong enough to span the distance. Callias probably regarded the problem as savoring of the nuts of Castanea when Socrates asked him if it was not desirable to pay as much attention to the breeding and training of boys as of colts and calves, so old and hackneyed did it even then appear. Yet there is no subject to-day more timely, more pertinent, or more desirable for serious consideration.

There is, however, no subject on which it is easier to indulge in academic, visionary and altogether futile chatter, and that is the danger which the present conference at Battle Creek needs to avoid. The identity of the chief participants gives ground for hope that it is being avoided. They are largely men and women of practical achievement, who take a practical view of what is, after all, the most intensely practical of questions.

The reduction of the death rate, particulary of infants; the conquest of pestilences which formerly were regarded as incurable, and the improvement of sanitary conditions of life and work are concrete facts. Those processes can be carried further, while there are many supplementary works still waiting to be done. It is not merely the increase of population, nor the prolongation of life, that is worth while, but, still more, the making of life, through improved health and increased efficiency, better worth living.

Eugenics and Common-Sense.

From The Nation, December 4, 1913.

A decided reaction from the first fine frenzy of the militant eugenists is revealed in the latest literature on the subject. It is a reaction based less on the fundamental principles of the new "science" than on the application of such principles; based less on the contention that eugenics is utterly wrong than on the contention that we do not know enough of the subject to justify us in formulating definite rules of conduct for individuals or the state. From the eugenic laboratories in England, where the doctrine had its origin, there now come warnings against the dangers that lie in overhasty assumptions and generalizations. This was the tenor of Professor Bateson's speech at the recent International Congress of Medicine in London, and it was the point driven home by another English student of repute in his recent animated controversy with Prof. C. B. Davenport, who probably stands at the head of investigators in this country. The cry to-day is for caution.

The difficulty is not one of ascertaining the end towards which the laws of heredity should be directed—always a tremendous objection to the "stockfarm" argument. We simply do not know enough about the laws of heredity. Theory is outrunning fact. This would seem to be admitted even by those who have lost no time in advocating the application of eugenic principles to life. Professor Davenport has admitted that his recent pronouncement concerning the mating of strength with weakness, for which he was so violently assailed by an English

critic, was dictated, in the last resort, not by strictly scientific consideration but by common-sense.

And common-sense is always bound to make itself heard under such circumstances. Common-sense has no authority in the field of pure science where discoveries frequently consist in establishing the truth of things that ordinary sense of men has declared impossible. But once the principles of science are brought into touch with life, the corrective and inhibiting influence of common-sense must enter. It is then, when we are facing a practical problem, that we so often find that the latest teachings of science have been anticipated by the ordinary experiences of mankind. Those few principles of eugenics which we are to-day bound to recognize have been recognized, and applied, for ages. Eugenics is embodied in the laws and regulations of marriage abtaining among all peoples, and all creeds and legal systems. The prohibition of marriage within certain degrees of kinship is largely based on eugenic principles, consciously or unconsciously. The Catholic Church, in forbidding the marriage of cousins, is more thoroughly eugenic than some of our cautious eugenists are inclined to be to-day. Science renders immense service by giving definite expression to, and supplying a conscious basis for, practices that men have developed in the harsh experience of the ages. And this long continuity of human experience must always remain as one of the tests for legislation dealing with the intimacies of life.

Common-sense, as applied to this question of eugenics, denotes something far different from a Gradgrind philosophy of hard facts and strictly prudential considerations. Common-sense connotes sentiment, poesy, and the higher human instincts when it upholds the sanctity of life, of love and of human purpose against the stock-farm interpreters of eugenism. Common-sense is much more philosophical than the mass of pseudo-scientific eugenists when it refuses to fix its attention upon an isolated problem to the overlooking of counter-problems. Common-sense refuses to grow excited over the necessity of preventing the "degeneration" of the race because it recognizes that no such process is under way; because it recognizes that the health of the race is improving, that the span of human life is increasing, and that a greater proportion of the race is tasting a greater share of happiness, than ever before. Common-sense is aware, for instance, that discoveries are constantly and continually made in the field of medicine which at one stroke do more for the health and well-being of the race than the eugenists could hope to attain through ages of painful effort.

In general, common-sense recognizes that, as compared with the difficult and uncertain business of improving the race by regulating birth, a vastly greater amount of good can be accomplished by concentrating upon the human material after birth. To drop into scientific vernacular, common-sense opposes the well-proven influence of environment to the still dubious functioning of heredity. It recognizes that poverty, alcoholism, and crime are not prenatally determined, but are the product largely of social conditions. It was Prof. Karl Pearson, the most distinguished of Galton's followers, who conducted an investigation some years ago into the effects of alcoholism upon the young, and found that the children of alcoholic parents are not noticeably inferior in health to the children of sober parents. The eugenists are appalled by the birth-rate in the English slums, and foresee the swamping of the fit of the nation by the unfit. But common-sense ventures to doubt whether the English lower classes have ever been better off than they are to-day, and asks to what extent a rapidly growing population has been justified by the peopling of the waste places of the earth and the upbuilding of an empire with its millions of prosperous colonists.

It is not a simple problem. Every broad assertion made in behalf of common-sense immediately calls for its reservations and exceptions. The ideal of a healthier race towards which the eugenist strives cannot wisely be put aside by any made of sense. Nor can certain contentions of the eugenist be dismissed, such as the demand for the regulation of marriage among the notoriously diseased or otherwise obviously unfit. But the great objection is that, passing from what is absolutely justified, the eugenists, on the basis of principles whose validity is by no means established, have been clamoring for a short and easy way with problems of the utmost concern for the future of the race.

Therapeutic Notes.

Bronchial Asthma.

By means of a laryngeal syringe, 1 cc. of a 1:10,000 solution of Adrenalin is injected through the glottis into the trachea. The patient immediately feels a sensation of cold, extending down into the epigastrium, and soon after the respiration becomes less difficult. A single injection apparently suffices to abort the attack, and indeed, in the writer's experience, to prevent its recurrence for several months. The treatment is most successful in the so-called idiopathic bronchial asthma; it fails in reflex asthmatic attacks and in the asthma of hay-fever.—Gruenwald in Munch. Med. Woch.

Conjunctivitis-Phlyctenular.

Sabouraud advises the use of the following collyrium in this affection:—

℞ Cupri sulphatis,
Potassii nitratis.
Aluminis, aa gr. j.
Aquæ camphoræ, ℥iv.—Critic and Guide.

Esophagus—Cancer of.

For the dysphagia in cancer of the esophagus, See recommends the following:—

℞ Dioninæ,
Codeinæ hydrochloridi, aa gr. iss.
Cocainæ hydrochloridi, gr. iv.
Ammonii valeratis,
Aquæ amygdalæ, aa ʒij.

M. Sig.: Of this solution, 15 drops should be taken three or four times a day.—Rev. de therapeutique.'

Epididymitis.

℞ Extracti opii, ʒii.
Guaiacol, ʒii.
Lanolin, ℥j.
M. ft. ungt.
S.: Apply locally.
—American Journal of Clinical Medicine.

Frost-Bite.

℞ Pyoktanini flavi, gr. ij.
Cocainae hydrochloridi, gr. iv.
Bismuthi subsalicylatis, gr. xxx.
Lani, ʒv.
Petrolati, ʒiij.
M. Sig.: Apply freely.
℞ Ichthyolis.
Resorcinolis.
Acidi tannici, aa ʒj.
Aquae, ʒv.
Sig.: Apply locally once or twice daily.—Merck's Archives.

Gout.

℞ Ext. colchici.
Ext. aloes.
Pulv. ipecacuanhae.
Hydrarg. chlor. mitis, aa gr. j.
Ext. nucis vomicae, gr. ¼.
M. Ft. in pil. no. xij.
Sig.: One pill to be taken every four hours until purgation ensues.

The following is useful where there is high arterial tension of gouty origin:

℞ Potassii bicarbonatis, ʒix.
Potassii nitratis, ʒvj.
Sodii nitritis, gr. xx.
M. Ft. in chart. no. xx.
Sig.: One powder in the morning in a large glass of water.—Critic and Guide.

Hepatic Congestion.

Vires writes that where hepatic congestion is the result of heart disease the first indication is to lower the venous blood-pressure by venesection, wet cupping or by drastic or saline cathartics. For the first six to twenty-four hours, according to the intesity of the symptoms, only boiled water should be given, then milk diluted with boiled water, and finally milk alone, to the amount of 1½ liters a day, gradually increased to 2½ liters. The administration of digitalis is started at the same time. Diuresis may be continued with doses of 7½ grains of theobromine three times a day. Copious intestinal irrigations with cold boiled water, alkalies, saline purgatives, cholagogues in small doses and tub baths followed by massage of the whole body may be given. Where there is cardiac enlargement digitalis may be replaced by the following combination:

℞ Extr. ergotae.
Pulv. scillae, aa gr. iss.
Hydrarg. chloridi mitis, gr. ¾.
Pulv. digitalis, gr. ⅜.
M. et ft. pil no. j. Ft. tal. no. xxv.
Sig.: One pill three times a day.—Jour. des Praticiens.

Hiccough—Atropine In.

Dr. A. J. Caffrey (J. A. M. A.) reports a case of persistent hiccough in which numerous methods proved of no avail. The condition had kept up for eight days, when another physician suggested the use of atropine. After one injection of 1/50 grain of atropine the hiccoughs stopped and never recurred.

Miscarriages—The Treatment Of.

By Dr. H. R. Andrews, in the Medical Press and Circular, April 9, 1913.

According to Andrews the treatment of miscarriages can be summed up briefly thus—that they should be treated like labour on a small scale, that is, leaving them alone in the majority of cases, interfering only when necessary.

Threatened Miscarriage.—If the bleeding is only slight, an attempt should be made to avert the miscarriage—the treatment being that which is used in slight cases of accidental hemmorrhage. The patient is kept in bed, and is given sedatives. When first seen, an injection of morphia is given and then a mixture containing bromides, tincture of hyoscyamus, and, if necessary, tincture of opium. The objection to giving much opium is that there may be some difficulty in getting the bowels open without giving drugs whose action is too powerful to be safe in this condition. Mild laxatives only should be used, and enemata should be forbidden. Plugging and douchcing must, of course, never be used. Either of these methods of treatment might stop the bleeding, but only by making the uterus contract and empty itself. Ergot is recommended by many authorities, to be given in small doses, with the idea of steadying the uterus. Personally, I only give it when I want the uterus to contract and retract forcibly.

Inevitable Miscarriage.—If active treatment is necessary in these cases on account of the severity of the bleeding, a hot douche, temperature 118, may be all that is necessary, together with the administration of ergot. If this is not sufficient, the treatment adopted will depend on the stage that has been reached. If the internal os is well dilated, and the ovum is already partly expelled, it may be best to give an anesthetic and clear out the uterus with the gloved finger. In many cases, however, if there is no suspicion of sepsis, excellent results are obtained by packing the vagina. The bladder must be emptied before this is done, than a Sims' speculum is inserted, and the vagina is tightly packed from above downwards with gauze, cotton wool or some other sterile material. It is essential that the perineum should be retracted or it will be impossible to pack the vagina satisfactorily. No good result is obtained simply by the insertion of a small quantity of gauze or wool into the vagina; it must be firmly packed. When the plug is removed a few hours later, it will usually be found that the uterus has emptied itself. If it has not done so completely, there is usually sufficient dilatation for digital emptying to be possible without difficulty. One of the most important things for the doctor to do, if he cannot stay with the patient who is miscarrying, is to impress upon the nurse the necessity for saving for his inspection everything that is passed. The placenta at twelve or thirteen weeks is a much larger structure than is expected by most nurses, and a good many medical men. It is nearly as large as the palm of

one's hand, and is perfectly formed. It is much more likely to be torn, part of it remaining behind, than at full time, since the changes in structure which facilitate the separation of the "ripe" placenta have not taken place. The decidua at this early stage of pregnancy is a thick, tough structure, very different in consistency from what it is at full time, and the complete expulsion of the decidua is the thing to be aimed at. If, after examination of what has been passed, the doctor has a suspicion that part of the placenta or a large part of the decidua has remained behind, it is best to clear up this suspicion at once, and not to wait until the suspicion becomes a certainty in a few days' time. The os being well dilated, there is no difficulty in inserting a gloved forefinger into the interior of the uterus after the vulva and vagina have been thoroughly cleansed. In cases, however, where there is a strong suspicion that the patient is suffering from gonorrhea, insertion of a finger into the interior of the uterus is a risky proceeding, likely to result in extension of the infection into the uterus and tubes, and there will be more justification for an expectant **policy.**

Incomplete Miscarriage.—It cannot be too strongly emphasized that bleeding after a miscarriage is no more normal or physiological than it is after labor. There must be some cause for it, and if this cause is not carcinoma of the cervix it is practically certain that the uterus is not empty. I have seen two or three cases of fatal bleeding due to incomplete miscarriage where the patient's life might have been saved by a simple opertaion, which should never be postponed until the patient has lost a dangerous amount of blood. Only one assistant is necessary, to give the anesthetic. The patient is held in the lithotomy position by Clover's crutch. After the vulva and vagina have been cleansed, a gloved forefinger is put into the uterus, and any tissue that is found there is removed with ovum forceps. Many people trust in a curetting to empty the uterus, but curetting is much inferior to digital exploration followed by the use of ovum forceps, Some doctors seem to look on the curette as a sort of magnet which must attract to it any piece of placenta which is retained, but in many cases a portion of placenta is left behind even after a curetting. I have seen three cases in which curetting failed to disturb a normal pregnancy. After the ovum forceps have removed what was felt by the finger, the finger is again inserted, and if nothing more can be found in the interior of the uterus, the uterine cavity is swabed out with some sterile gauze or cotton wool, and then swabbed with tincture of iodine. If there is any bleeding after the final hot douche has been given, a piece of gauze should be left in the uterine cavity, projecting into the vagina. This together with a dose of ergot, will prevent any further hemorrhage.

Carneous Mole, of "Missed Abortion."—These cases can be left to nature unless bleeding occurs. As a rule there is such complete thrombosis that there is no free bleeding, only a small amount of dark discharge. If it is necessary for any reason to remove the mole under an anesthetic, it is a wise precaution to insert a tent through the cervical canal the night before. Otherwise, it may be found that the cervix is difficult to dilate and easy to tear. As a rule, if it is necessary to assist nature in these cases, a hot douche followed by plugging and ergot is the best treatment.

Nasal Catarrh.

Dr. Wilson, in The Practitioner, October, 1913, says he has found that the most useful treatment in cutting short an attack of acute coryza is the following: 1. A single pill of morphine, grain ⅙, made up with a little capsicum and ol. menth. pip. A small dose of nitro-glycerin also is advantageous. 2. In two hours 10 grains of aspirin. 3. A hot bath. The following morning a purgative dose of magnesium sulphate is given to clear away the intestinal contents held back by the morphine. Neither a nasal douche nor a spray should be employed, but an irritant antiseptic ointment, containing menthol and salicylic acid, will best fulfill the purpose. A small portion of such an ointment is inserted well up into each nostril, where, if sniffed back, it gives rise to considerable smarting and secretion; it should be applied frequently despite the pain. It will be succeeded by a period of relief, and then the nose can be sprayed repeatedly with a sedative preparation. Despite the pain caused by the menthol-salicylic preparation, no cocain should be employed at all, as it paralyzes the ciliated epithelium and opens the way for fresh infection.

Pharyngitis.

Nouveaux Remedes suggests the following oily solution, to be applied to the throat in pharyngitis:

℞ Phenylis salicylatis, gr. xlv (3 Gm.).
Petrolati liquidi, ʒx (40 Gm.).
Solve.

The following is for inhalation:

℞ Mentholis, ʒss (2 Gm.)
Tincturae benzoini compositae.
Tincturae eucalypti, aa ℥iij (100 Gm.).
M. Sig.: One teaspoonful to be added to a pint of boiling water and the vapor inhaled.
—N. Y. Med. Jour.

Pneumonia—Acute.

Dr. Reid, in the Australian Medical Journal, claims that if free and persistent diaphoresis, which necessarily entails a primary dilatation of the skin capillaries. can be established in the first or congestion stage of a threatening pneumonia, the attack can be aborted. When the second or exudative stage has begun, and is progressing, the same method of treatment will by its action still prove effective in limiting the exudative process, and may, furthermore, have a vitally beneficial action in preventing the fatal accumulation of carbolic acid, and other morbid products engendered by the diminished lung function, and increased metabolism by removing the same from the system in or with the sweat. Pari passu, diaphoresis reduces body temperature, and checks tissue waste, etc. In effecting his object, Reid has trusted mainly to medicinal agents, with, in children, the additional aid of the hot mustard bath, and in adults the hot-pack or warm sponging. The drug which he mostly employs is a physiologically pure salicylate of soda, in four-hour doses, up to 15 or 20 grains, according to age, and, guided and controlled by

the patient's temperature, taken and recorded every four hours. He has also used acetphenetidin in doses up to 10 grains every four hours with the same precautions. With both drugs he has been in the habit of combining general and cardiac tonics and stimulants. His results, in a limited number of cases, have been good, and he has specially noted the absence of cerebral symptoms where the diaphoresis was satisfactory. Several cases in which sweating was interrupted, or could not be properly established for obvious reasons, terminated fatally.

Pulmonary Tuberculosis and Pneumonia—Phosphorus In.

Dr. Ferguson Lemon, in the New York Medical Journal, August 16th, says:

In over 100 cases of tuberculosis he has administered phosphorus and the results, in all but 3 cases, were such as to lead him highly to recommend its use in this disease. The formula generally prescribed was as follows:—

℞ Calcii hypophosphitis, ʒiss-ij (2-8 Gm.).
Tincturæ phosphori (1: 1000),
Liquoris arseni iodidi (1: 100), aa fʒss-ij (2-8c.c.).
Syrupi ferri iodidi, ℥ss-j (15-30 c.c.).
Aquæ, q. s. ad ℥vj (180 c.c.).

M. Sig.: One dessertspoonful four times a day after and at bedtime, in water.

[The phosphorus tincture is prepared by dissolving phosphorus in warm chloroform and then adding absolute alcohol till the phosphorus is diluted to 1 part 1000.]

Where iodine was not tolerated it was deleted from the formula. The approved methods of rest, graduated exercise, sleeping in the open air, and the diet, were included in the treatment but the phosphorus appeared to have a special action of its own. Expectoration was copius for two to ten weeks after the beginning of treatment; but after this there followed a rapid diminution of the sputum, with consequent hardening of the cough, until finally the expectoration ceased entirely. While directed mainly to tuberculosis of the lungs, the phosphorus treatment was also administered in tuberculosis disease of the glands and joints, in which it brought about great improvement.

The administrtion of phosphorus in acute pneumonia, both lobar and bronchial, proved very successful in the author's hands. Among several hundred patients treated by it there was not a death except in the case of one patient who suffered from hepatic cirrhosis. The formula generally used for pneumonia was:—

℞ Tincturæ phosphori (1: 1000), ℥ss-j (2-4 c.c.).
Liquoris ammonii acetatis, ℥j (30 c.c.).
Spiritus ætheris nitrosi, ℥ss (15 c.c.).
Aquæ, q. s. ad ℥vj (180 c.c.).

M. Sig.: Dessertspoonful hourly for six doses; at alternate hours for six doses; then every three hours till crisis.

Additional measures used were strychnine injections, alcoholic preparations, and kaolin cataplasms applied locally. During convalescence, particularly after bronchpneumonia, the phosphorus formula as given for tuberculosis is often administered.

In acute and chronic bronchitis phosphorus was also found a valuable agent when added to bronchitic mixtures. In the acute stage it soon brings about a breaking down of the hard, useless cough, and, as a rule, within twenty-four hours the cough becomes soft and the sputum profuse, while the second stage is considerably shortened and patients are well long before they would be if under ordinary treatment. In chronic bronchitis the patients given phosphorus soon attain a state of partial or actual freedom

Subacute Rheumatism.

Oppenheim advises the following local applications:—

℞ Mentholis, gr. xv.
Guaiacolis, ʒj.
Methylis salicylatis, ℥j.
Linimentum camphoræ, q. s. ad ℥iv.

M. et ft. linimentum.

Sig: Use locally on affected parts.

℞ Acidi salicylici,
Olei terebinthinæ, aa ʒj.
Adipis lanæ,
Adipis, aa ʒiv.

M. et ft. ung.

Sig.: To be applied frequently to affected parts.

To be given internally:

℞ Chlorali hydrati,
Potassii bromidi, aa ʒj.
Syrupi codeinæ (1:500), ℥j.
Aquæ, q. s. ad ℥iv.

M. Sig.: One tablespoonful at night.—Progres medical.

Superficial Wounds and Abrasions.

℞ Thymolis biniodidi, ʒss.
Ætheris, fʒj.

Admirable for finger cracks, dissection wounds, scars, and cuts on the fingers and hands. One of the best analgesics known.—Cutter, in Amer. Jour. Clin. Med.

Hospitals.

The Mountainside Hospital of Montclair, N. J., has received a bequest of $1,000 by the will of the late John C. Williams of that city.

St. Joseph's Hospital, Paterson, has received a bequest of $500 by the will of Mrs. T. A. S. Sheridan, Jersey City.

Memorial Hospital, Morristown.

About $40,000 has been conditionally subscribed toward a fund of $100,000 to build an addition to the hospital and provide an endowment fund for its maintenance. The addition is planned to give room for the pathological work of the hospital, for increased serving room to provide accommodations for maternity cases, and small rooms which can be rented to patients for a lower amount than the present rooms. It is felt that the addition will be mainly self-sustaining.

Mercer Hospital, Trenton.

The medical board of the hospital at a recent meeting elected officers for the ensuing year. Dr. E. S. Hawke was chosen as president; Dr.

N. B. Oliphant, vice-president; Dr. Frederick Watson, recorder, and Dr. C. F. Adams, secretary.

Monmouth Memorial Hospital.

At a meeting of the board of governors of this hospital, held January 19, 1914, the surgical staff was reorganized by the election of Dr. Edwin Field, of Red Bank, and Dr. Harry E. Shaw, of Long Branch, as chief surgeons. The annual report showed an increase over last year in the number of patients.

Orange Memorial Hospital.

The fair held January 29 and 30 by the seven colored churches of the Oranges for the benefit of the Orange Memorial Hospital netted $274.16. Each church was responsible for some feature of the fair.

Paterson General Hospital.

The whirlwind campaign to raise $100,000 for this hospital was crowned with success. At the last meeting of the committee the total amount was given as $105,512 and about two thousand more was expected. Most of the villages and small towns joined with the larger cities in the effort. Dr. W. B. Johnson, chairman, announced the gift of $5,000 from Mrs. E. W. Lust, of Zurich, Switzerland, in memory of her deceased husband.

St. Peter's Hospital, New Brunswick.

The sixth annual meeting of the directors of this hospital was held February 24th, when interesting reports were made, officers elected and the annual dinner was enjoyed. Drs. Fred. L. Brown and Charles J. Sullivan were added to the medical staff. Twelve hundred patients were treated in the hospital last year. The receipts were over $27,000, of which over $18,000 came from patients. The erection of the new maternity building will soon be begun.

Stumpf Memorial Hospital, Bayonne.

On account of the overcrowded condition of the Stumpf Memorial Hospital at Kearny the hospital association has decided to build an annex to double the capacity of the institution. It was stated that in the near future it might be necessary to build a new hospital to accommodate the constantly increasing number of patients.

Marriages.

DAVIS-LLOYD—In Camden, N. J., February 14, 1914, Dr. Albert B. Davis to Miss Lea Lloyd, both of Camden.

Deaths.

CONE.—In the Hackensack Hospital, on February 6, 1914, Mrs. Zoe Warner Cone, wife of Dr. Ralph S. Cone, of Westwood; also on the same day Ralph S. Cone, Jr., infant son of Dr. and Mrs. Cone.

DIEFFENBACH—At Newark, N. J., December 17, 1913, Dr. Richard G. P. Dieffenbach, aged 62 years.

R. G. P. DIEFFENBACH, M. D.

The Practitioners' Club of Newark, N. J., is called on to voice its sorrow at the death of G. P. Dieffenbach, M. D., one of its eharter members, and to record on its minutes a tribute to his memory.

Dr. Dieffenbach was one of the earnest workers of this association, and by his regular attendance and his medical attainments contributed in a large degree to its successful work. His uniform readiness and faithful afforts to discharge any of its obligations has endeared his memory to us. his associates, and this society will keenly miss his assistance in the furtherance of its work. His long and arduous hospital work attest not only his unselfish beneficence to the poor and needy, but also the zealous efforts of the true physician in advancing and upholding the honor of his profession as well

His kindliness to his brother practitioners was exemplified by his generous self sacrifice in assisting them in the performance of their work.

He was upright and conscientious in his medical work, and we deplore the loss his death has brought, not only to us, but to the medical profession and the public at large, and we extend to his family our sympathy in their affliction.

H C. Bleyle, J. T. Wrightson, Ebward J. Ill, Committee.

(See January Journal, page 47.)

PARKER.—At Woodbury, N. J., December 29, 1913, Dr. Thomas E. Parker, of apoplexy, aged 59 years. He graduated from the Hahneman Medical College, Philadelphia; was secretary of the local Board of Education and also of the Gloucester County Historical Society.

PRINGLE.—In East Newark, N. J., February 25, 1914, Dr. John Pringle, after six days' illness from pneumonia, aged 68 years.

Dr. Pringle was born in Scotland; was a graduate from the University of Glasgow; came to this country about 25 years ago and had since practiced medicine in Harrison and East Newark. He was president of the East Newark Board of Health and health officer of the borough.

UEBELACKER—At Morristown, N. J., February, 1914, Dr. Armin Uebelacker.

Dr. Uebelacker began preparation for his chosen calling in his native land, Bavaria, Germany, where after completing a course of study in Schweinfurth Gymnasium, he was graduated from the University Erlanger. He then crossed the Atlantic to America and continued his studies in the Homeopathic College, of New York City, from which institution he was graduated in the class of 1871. Since that time he had practiced in Morris County, and in the past forty years has been a resident physician of Morristown.

He was a member of the American Institute of Homeopathy and for many years he had been a member of the New Jersey State Medical Examining Board. Of that board he had served terms as president and treasurer. He was a member of the First Presbyterian Church.

In 1867 Dr. Uebelacker married Miss Mary C. Miller, of a distinguished family of French Huguenot origin.

VAN HORN—At Englewood, N. J., February 4, 1914, Dr. Caroline H. Van Horn, of Englewood.

Personal Notes.

Dr. William Buerman, Newark, at a meeting of the Board of Trade held Feb. 11th spoke in favor of commission form of city government, declaring that politics had no place in conducting the business of a city.

Dr. William J. Burd, Belvidere, spent a part of last month in Florida, near Tampa Bay.

Dr. Frederick M. Corwin, Bayonne, recommended to the local School Board the establishing of a clinic for the treatment of the eyes and teeth of school children.

Dr. Grafton E. Day, Collingswood, delivered an address on "Endorsements Without Compromise," at the conference of Prohibition workers in Trenton last month.

Dr. Frank D. Gray, Jersey City, read a paper on "The Problem of Major Pelvic Hernia in the Female" at the last annual meeting of the Amer. Ass'n of Obstetricians and Gynecologists. It is published in The Amer. Jour. of Obstetrics.

Dr. Edward S. Hawke, Trenton, has removed to his new home, 436 East State street.

Dr. Joseph E. Hurff, Blackwood, is undergoing treatment in Jefferson Hospital, Philadelphia, after suffering for several weeks from a complication of diseases.

Dr. Otto Lowy, Newark, has an article in The A. M. A. J. Feb. 7th on, "A Serum Reaction as an Aid in the Diagnosis of Cancer.

Dr. Frank W. Pinneo, Newark, discussed Dr. F. S. Newell's paper on "The Ideal Obstetric Out-Patient Clinic," at the last annual meeting of the Amer. Ass'n for the Prevention of Infant Mortality.

Dr. James M. Reese, Phillipsburg, spent a few days at Atlantic City, last month.

Dr. Leon T. Salmon, Lambertville, while riding in his open buggy recently, was thrown out in collision with a motorcycle run by an incompetent man. He escaped serious injuries, however.

Dr. David St. John, Hackensack, and wife spent a few days last month in Canada, where Mrs. St. John's mother recently died.

Dr. George E. Titus, Hightstown, who was confined to his house by severe sickness last month, has recovered.

Dr. Henry Vaughan, Morristown, at the Prohibition conference in Trenton last month, spoke on "Local Alliances and Their Possibilities."

Dr. Henry Wallace, Glen Ridge, and wife, who spent several weeks in Bermuda, are now at Nassau and expect to return home by April 1st.

General Alfred A. Woodhull, M. D., Princeton, at a meeting Feb. 22d in Trenton, held in honor of Washington's Birthday, by the Sons of the Revolution, spoke on "The Route of the Army from Trenton to Princeton."

Dr. Isaac Barber, Phillipsburg, and wife spent a few days in Philadelphia last month.

Dr. Emma C. Clark, Dover, medical inspector of the local schools, addressed the East Side Parent-Teachers' Association recently on "Child Life."

Dr. Morris H. Leaver, Quakertown, was recently elected vice-president of the Hunterdon County Historical Society.

Dr. Josiah Meigh, Bernardsville, has been obliged to undergo treatment at Overlook Hospital, Summit, but is convalescing.

Mayor Charles B. Smith, M. D., Washington, went to Norton, Mass., to see his daughter, who was sick at Wheaton Seminary.

Dr. J. G. L. Borgmeyer, Bayonne, is recovering from a severe illness.

Dr. James Douglas, Morristown, on February 24th addressed a mothers' meeting under the auspices of the Free Kindergarten.

Dr. Rose C. Faughan, Newark, addressed the Woman's Club of Arlington February 24th on "Sex Hygiene."

Dr. Isaac E. Gluckman, Newark, attended a conference on tuberculosis at Saranac Lake, last month.

Dr. Clarence R. O'Crowley, Newark, is enjoying a cruise to Costa Rica, Jamaica and Panama.

Dr. Bert Daly, Bayonne, as Mayor, laid the corner-stone of a new school building in that city, last month.

Dr. Edwin Field, Red Bank, acted as toastmaster at the banquet of the Monmouth Boat Club on February 23rd.

Dr. Victor Mravlag, Elizabeth, has consented to stand as a candidate for renomination as Mayor of that city.

Dr. Frederick W. Sell, Rahway, was recently elected president of the Health Offices' State Association.

Dr. Louis L. Davidson, Newark, was recently re-elected president of the Newark Medical League.

Book Reviews.

Materia Medica, Pharmacology, Therapeutics and Prescription Writing. For Students and Practitioners. By Walter A. Bastedo, Ph. G., M. D., Associate in Pharmacology and Therapeutics at Columbia University. Octavo of 602 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $3.50 net.

Dr. Bastedo has made his lectures in Columbia University the foundation of his book, which is therefore well adapted to the wants of students as well as of physicians. He omits descriptions of many drugs, or mentions only to condemn their use. We fully agree with him in his prefatory remarks, "we are at the dawn of a new era of simple and practical therapeutics, an era in which knowledge will supplant credulity, on the one hand, and skepticism, on the other, and in which fewer drugs will be used but better treatment given." He gives considerable attention to laboratory investigations and relatively little to practical therapeutics.

The Practical Medicine Series, Comprising ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Charles L. Mix, A. M., M. D., Prof. of Physical Diagnosis, Northwestern Medical School.

Vol. VIII, Series 1913, Materia Medica and Therapeutics, Preventive Medicine, Climatology, edited by George F. Butler, Ph. G., A. M., M. D., Henry B. Favill, A. B., M. D., and Norman Bridge A. M., M. D.

Vol. IX, Skin and Veneral Diseases, by W. L. Baum, M. D., and Harold N. Moyer, M. D., Series 1913.

Vol. X, Nervous and Mental Diseases, by Hugh T. Patrick, M. D., Prof. Neurology Chicago Polyclinic, etc., and Peter Bassoe, M. D., Ass't Prof. Nervous and Mental Diseases, Rush Medical Coll., Series 1913. The Year Book Publishers, 327 S. La Salle street, Chicago.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Maine, November.....	13	8	5
Minnesota, January.....	6	3	3
New Hampshire, January	11	9	2
Tennessee, May*.....	400	306	94
Texas, June.....	147	138	9
West Virginia, November	24	16	8

*Including examination of 173 non-graduates, of whom 51 failed.

Medical Education.

A debt of gratitude and unstinted praise is due the Council on Medical Education of the A. M. A. for their exhaustive analysis of medical education in this country, and to the Carnegie Foundation for the Advancement of Teaching for the study of medical education in England, Germany and France. The results of these investigations will have a pronounced influence on the further development of medical teaching in this country. The normal influence of an education that is obtained in an atmosphere that abounds in honest endeavor, conscientious appreciation of the needs of the student and high conception of medical ideals cannot but leave its indelible impress, to accompany the physician long after he has wandered afar, beyond the guidance and control of his early mentors.—Arthur J. Patek, M. D., Wisconsin Med. Jour.

"There is no failure save in giving up;
No real fall so long as one still tries,
For seeming setbacks make the strong man wise.
There's no defeat in truth save within,
Unless you've beaten there, you're sure to win."

Public Health Items.

Scope of Preventive Medicine.

Preventive medicine means more than vaccination against disease, disinfection and sanitation. It means as well the study of heredity and practice of eugenics, subjects which every physician should consider who is anxious to contribute his share to the prevention of disease and improvement of the race.—L. M. Mervin Maus, in Chicago Med. Recorder.

Scarlet Fever Decreasing.

Dr. John F. Leavitt, Health Inspector of Camden, reported a marked decrease in scarlet fever and diphtheria last month.

Housing Consumption in Bergen County.

A joint meeting of the county hospital committee of the Board of Freeholders, the county almshouse committee and members of the Bergen County Medical Society was held February 20 at the court house to consider the proposal to provide temporary quarters for the care of the county tuberculosis patients. Several sites had previously been recommended by the hospital committee, but the State Board of Health declared them impracticable. It is proposed to utilize a part of the county poor farm at Oradell.

Orange Death Rate 11.29.

Orange was remarkably free from deaths due to contagious or infectious diseases other than tuberculosis last year, according to Health Officer Osborne. No deaths were attributed to typhoid fever or scarlet fever. Tuberculosis, on the other hand, claimed sixty-four, sixteen of which occurred at the Isolation Hospital at Soho. Diphtheria caused four deaths and whooping cough two. The corrected death rate for last year was 11.29, the lowest noted in the city records. The former record was established in 1909, when the record was 12.97.

City Employees to Receive Free Medical Care.

If the plans discussed by Mayor Mark M. Fagan and Commissioner James Ferris turn out as proposed the employees of Jersey City will be given free medical attention not only for themselves when they are ill but for their families. Mayor Fagan proposed recently that the city do away with its present method of em-

ploying physicians in the police and fire departments and the department of health and in their place establish a special municipal medical department.

This department is to be made up of physicians whose time will be devoted exclusively to the treatment of city employees and their families. Nurses of the City Hospital and the department of health are also to be employed in the new system if the commission adopts it. Mr. Ferris was the first to propose the plan as a means of getting better work out of the employees of the street department, and Mayor Fagan was quick to take it up. Commissioner Ferris told the commission that he had established a rule compelling the men under him to supply a doctor's certificate of illness whenever they miss a day from work. He said the men should not be asked to pay doctor's bills when the city employed physicians.

Boston Saves School Children.

Does it pay to give physical examinations to school children and to advise them and their parents of any impairments that may be found?

The city of Boston answers in the affirmative and gives results that are most convincing.

Last year Boston's 87 school physicians under the dircection of Dr. W. J. Gallivan, examined nearly 120,000 school children Of these about 40,000 or one-third, were without defects and about 80,000 had defects that needed medical attention.

The special feature of the work of the year was an attempt to find out how many defects were corrected through the initative of parents, after they had been notified by the school physicians.

Results at the end of the year another examination was made and it was found that 70 per cent. of the defective palates had been attended to, 74 per cent. of the skin diseases, 25 per cent. of the defective teeth, 43 per cent. of the bad tonsils, 66 per cent. of the malnutrition, 65 per cent. of the nervous diseases.

There are many cities that are neglecting the health of their school children. They do not seem to be sure that it would pay. Why should they hesitate longer?—The Human Factor

Typhoid Fever Carriers.

The annual report of the Medical Officer of the Local Government Board of London cites two cases of women, apparently healthy, who are carriers of typhoid bacilli. Sixty cases of the disease, of which six were fatal, were traced to one of the women. The situation was met by the allowance to each woman of a pension sufficient to support her and keep her from coming into contact with others.

Smallpox at Niagara Falls.

Every theatre in Niagara Falls was ordered closed by the Board of Health on January 22, because of the prevalence of smallpox. Seventy-nine houses are under quarantine, many of the churches are closed, and twenty-nine patients are being cared for in the Quarantine Hospital. Later—Up to Jan. 29th 127 cases had been reported.

Vaccination Law Upheld.

The Appellate Division of the Supreme Court of New York in a recent decision upheld the law covering the vaccination of school children. It was stated that parents must permit their children to be vaccinated in order to attend school, and that if they refuse they may be fined five dollars for a first, and fifty dollars or thirty days in jail for a second offence.

Morbidity Statistics in the United States.

We must not let ourselves be blinded by statistics, for the statistics of disease in the United States are notoriously unreliable. For certain sections no attempt whatever is made to collect them. * * * Until severe penalties are inflicted for failure to report cases of infectious diseases, until failure to do so results in the cancellation of the license to practice medicine, there will be no really reliable statistics. And this will only be brought about when the state health services throughout the land furnish a permanent career for life instead of being, as they are but too often at present, a side-line of politics—medical or otherwise. And these services should furnish a career like the federal civic service, to sanitary engineers and chemists as well as to physicians. The people must learn that their health is too valuable to entrust to temporary health officers or to physicians who devote to the discharge of their duties as health officers only such irregular moments as can be spared from private practice. —Carl L. Alsberg, Am. Jour. Pub. Health.

Report on Public Health Conditions.

A very satisfactory condition of the public health in 1913 is indicated by the general death rate of 13.8 per 1,000 of estimated population in the registration States and cities, statistics for which the census bureau announced Feb. 11th. The rate for the same territory in 1912 was 13.6 and in 1911 was 13.9 per 1,000.

Of the eighteen registration States, Maryland, with 16.3 per 1,000, showed the highest rate; Minnesota, with 10.7, the lowest. Other States' rates were:

New Jersey, 14.7; California, 13.4; Colorado, 11.9; Connecticut, 14.4; Indiana, 12.6; Kentucky, 13.4; Massachusetts, 14.7; Michigan, 13.1; Missouri, 12.4; Montana, 13.0; New Hampshire, 14.1; New York, 15.2; Ohio, 13.1; Utah, 11.6; Vermont, 12.6; Wisconsin, 10.9.

Of the forty-five registration cities, Portland, Ore., with 11.0 per 1,000, showed the lowest rate; Memphis, with 22.9, the highest.

Other cities' rates were:

Jersey City, 16.2; Newark, 15.7; Paterson, 14.7; Birmingham, 20.4; Los Angeles, 14.9; Oakland, 12.3; San Francisco, 16.7; Denver, 14.5; Bridgeport, 16.5; New Haven, 16.2; Washington, 17.5; Atlanta, 19.3; Chicago, 17.1; Indianapolis, 16.3; Louisville, 17.2; New Orleans, 21.3; Baltimore, 19.4; Boston, 17.2; Cambridge, 13.5; Fall River, 18.1; Lowell, 16.9; Worcester, 16.8; Detroit, 19.2; Grand Rapids, 13.4; Minneapolis, 13.0; St. Paul, 13.0; Kansas City, 16.3; St. Louis, 16.2; Omaha, 15.3; Albany, 19.2; Buffalo, 17.2; New York, 16.2; Rochester, 15.3; Syracuse, 16.3; Cincinnati, 17.2; Cleveland, 15.7;

Columbus, 16.2; Dayton, 16.3; Toledo, 17.0; Providence, 15.8; Nashville, 19.2; Richmond, 22.4; Milwaukee, 14.2.

Comparison of Statistics of Navies of Japan and United States.

The United States Naval Medical Bulletin for October gives a comparison of statistics of the Navies of Japan and the United States for 1910, from which we note that the mean daily force at that time in the U. S. Navy was 58,340 as compared with 44,323 in the Japanese Navy. While the number of deaths from all causes in our Navy is slightly in excess, the Japanese Navy reported a rate of 4.78 per 1,000 for typhoid fever and 6.59 per 1,000 for tuberculosis against a rate of 3.76 and 5.94 per 1,000 for the same disease in our Navy. The United States reported 195.41 per 1,000 of venereal diseases against 128.83 per 1,000 in the Japanese Navy. The Japanese report disease of the eye and of the skin both in more than double the ratio reported in the Navy of the United States.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, January, 1914.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending January 10, 1914, was 3,289. By age periods there were 548 deaths among infants under one year, 231 deaths of children over one year and under five years and 1,069 deaths of persons aged sixty years and over.

Compared with the corresponding period last year the reports show an increase of 170 deaths. The leading causes of death for the month are: Diseases of the Circulatory System 490 deaths; Bright's Disease 258 deaths; Pneumonia 311 deaths.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending January 10, 1914, compared with the average for the previous twelve months, the averages being given in parentheses:

Typhoid fever, 11 (25); measles, 12 (17); scarlet fever, 16 (20); whooping cough, 26 (31); diphtheria, 66 (49); malarial fever, 0 (1); tuberculosis of lungs, 277 (302); tuberculosis of other organs, 50 (43); cancer, 171 (178); diseases of nervous system, 311 (326); diseases of circulatory system, 490 (460); diseases of respiratory system (pneumonia and tuberculosis excepted), 238 (206); pneumonia, 311 (249); infantile diarrhoea, 81 (191); diseases of digestive system (infantile diarrhoea excepted), 196 (211); Bright's disease, 258 (250); suicide, 40 (35); all other diseases or causes of death, 735 (671). Total, 3,289 (3,265).

Bureau of Contagious Diseases and Sanitary Inspection.

The total number of cases of reportable communicable diseases received by the State Board of Health for the month of December, 1913, was 2,141, including typhoid fever 73 cases; diphtheria 673 cases; scarlet fever 357 cases; tuberculosis 622 cases; chicken-pox 396 cases; malaria 7 cases; trachoma 7 cases and opthalmia 6 cases.

Typhoid fever, diphtheria, scarlet fever and tuberculosis were reported as follows: The estimated population of each county is given in parenthesis.

Typhoid fever: Atlantic (78,914) 3; Bergen (160,000) 3; Burlington (69,477) 11; Camden (154,084) 3; Cape May (21,087) 2; Cumberland (56,978) 6; Essex (573,578) 3; Gloucester (39,000) 0; Hudson (539,643) 3; Hunterdon (33,764) 0; Mercer (134,739) 7; Middlesex (121,887) 5; Monmouth (97,944) 8; Morris (78,091) 0; Ocean (21,580) 0; Passaic (239,761) 6; Salem (27,426) 1; Somerset (40,351) 1; Sussex (28,855) 0; Union (153,495) 6; Warren (44,858) 5.

Diphtheria: Atlantic, 7; Bergen, 39; Burlington, 19; Camden, 53; Cape May, 1; Cumberland, 22; Essex, 189; Gloucester, 4; Hudson, 164; Hunterdon, 1; Mercer, 27; Middlesex, 33; Monmouth, 15; Morris, 4; Ocean, 8; Passaic, 45; Salem, 2; Somerset, 7; Sussex, 1; Union, 22; Warren, 10.

Scarlet fever: Atlantic, 4; Bergen, 8; Burlington, 24; Camden, 22; Cape May, 1; Cumberland, 5; Essex, 86; Gloucester, 8; Hudson, 54; Hunterdon, 1; Mercer, 38; Middlesex, 20; Monmouth, 10; Morris, 10; Ocean, 3; Passaic, 20; Salem, 9; Somerset, 8; Sussex, 3; Union, 19; Warren, 4.

Tuberculosis: Atlantic, 14; Bergen, 12; Burlington, 6; Camdeen, 31; Cape May, 3; Cumberland, 7; Essex, 194; Gloucester, 3; Hudson, 175; Hunterdon, 3; Mercer, 49; Middlesex, 31; Monmouth, 4; Morris, 8; Ocean, 0; Passaic, 36; Salem, 0; Somerset, 4; Sussex, 3; Union, 37; Warren, 2.

Typhoid fever occurred in the month of December in sixteen counties, a total of 73 against 136 cases in nineteen counties during the month of December, 1912. Diphtheria was slightly more prevalent in December, 1913, than in the corresponding month in the preceding year. Cases of diphtheria were reported from every county in the State. Scarlet fever was much less prevalent during December, 1913, than in December, 1912, there being 357 cases in December, 1913, against 509 in 1912.

Reports of cases of tuberculosis have greatly increased, there being 622 cases reported in December, 1913, against 480 in December, 1912. This increase is undoubtedly due to more general compliance with the law and not to an actual increase in the number of cases.

Bacteriological Dept., Laboratory of Hygiene.

Specimens for bacteriological diagnosis were examined as follows: Specimens examined from suspected cases of diphtheria, 1,161; from suspected cases of tuberculosis, 626; from suspected cases of typhoid fever, 206; from suspected cases of malaria, 9; miscellaneous specimens, 107; total, 2,109.

Division of Food and Drugs, Laboratory of Hygiene.

During the month ending January 31, 1914, 570 samples of food and drugs were examined in the Laboratory of Hygiene, with thee following results:

The following were found to be below standard: Twenty-four of the 168 sample of milk; 2 of

the 3 of beverages; 2 of the 24 of butter; all four of lard; 4 of the 7 of lemon extract; 2 of the 9 of olive oil; 1 of the 6 of sausage; 22 of the 36 of vinegar; 8 of the 19 of bay rum; 4 of the 8 of camphorated oil; 5 of the 7 of essence ginger; 2 of the 3 of essence peppermint; 3 of the 5 of Fowler's solution; 2 of the 10 of hair dressing and hair tonic; 25 of the 31 of hydrogen peroxide; all 12 of liniment; 10 of the 34 of lime water; 1 of the 2 of paregoric; 32 of the 56 of spirits camphor; the 3 of toilet waters; 43 of the 65 of witch hazel and the one each of sarsaparella, cough remedies, and tincture of opium.

All the samples of the following articles were found to be above standard:

Dried apricots, cake, cider, condensed milk, corn meal, cream, flour, hamburg steak, pineapple juice vanilla, Worcestershire sauce, alcohol ginger and capsicum.

Forty samples of oysters, collected from oyster beds, were examined.

Fourteen suits were begun against persons whose goods were found to be below standard.

Bureau of Creameries and Dairies.

INSPECTIONS.

During the month 477 insepctions were made as follows:

426 dairies; 14 creameries; 8 milk depots; 29 ice cream factories.

Number of dairies scoring above 60% of the perfect mark, 282 (66.2%); dairies scoring below 60% of the perfect mark, 138 (32.4%); dairies relinquishing the sale of milk, 6 (1.4%); ice cream factory licenses recommended, 3.

Sixteen cow stables were disinfected on account of having tuberculous animals. These stables were located as follows: Middlesex County, 1; Somerset County, 1; Sussex County, 14.

Thirty-two dairymen were sent notices to improve their methods in handling milk within a specified time. These dairies supply milk to the following municipalities: Asbury Park, Atlantic City, Passaic, Perth Amboy, Princeton, Trenton, N. J., and Philadelphia, Pa. The production and sale of milk was prohibited on one dairy, the milk from which had been distributed in Atlantic City.

Three persons were summoned to appear before the Board to show cause why they should not be prohibited from selling milk or manufacturing ice cream. This was on account of their failure to meet the Board's requirements. The dairies were located in the vicinity of New Brunswick and Trenton, and the ice cream factory in Plainfield.

During the month of January the force of this Bureau have been principally engaged in completing the inspection of the entire milk supplies of Asbury Park, Atlantic City, Lawrenceville, Long Branch, Passaic, Perth Amboy, Princeton, South Orange and Trenton. One inspector spent six days inspecting fifty-nine dairies located at Brisben, Chenango County, New York State. These dairies supply a portion of the milk which is distributed in South Orange, and at request of the local board of health of that municipality, they have been annually inspected by an officer of this Bureau for several years. The sanitary condition of these dairies is very favorable. The lowest rating was 65.75%; the highest 88.25%, and the average score 79.50%. Following their yearly custom, the dairymen supplying this milk have forwarded to us veterinary certificates showing the physical condition of the 1913 dairy cows represented in the fifty-nine herds.

During the month, 162 inspections were made in the 54 cities and towns. The largest number of inspections made in any cities having been: Newark, 22; Trenton, 20; Jersey City, 18; Bridgeton, 14; Camden, 7; Fairton and Millville, 5 each; Morris Plains and Plainfield, 4 each; Atlantic City, Elizabeth, Somerville and West Hoboken, 3 each.

The following articles were inspected during the month, but no samples were taken: Milk 153; butter, 334; food, 1,288; drugs, 1,250.

Other inspections were made as follows: Milk wagons, 74; milk depots, 26; grocery stores, 313; drug stores, 161; confectionery stores, 5; slaughter houses, 30; creameries, 5; dairies, 2; meat markets, 16; bottling establishments, 2; cold storage warehouses, 32; bakeries, 6; vinegar factories, 1; medicine manufacturing establishments, 2.

Number of days spent in court by Chemists during the month, 15.

MEAT INSPECTIONS.

Cattle, 2 carcasses passed, 6 quarters passed, 5½ carcasses condemned; hogs, 111 carcasses passed, 4 carcasses condemned, 17 heads condemned; sheep, 1 carcasess passed.

Bureau of Foods, Drugs, Sewerage and Water, Division of Sewerage and Water.

Total number of samples analyzed in the Water Laboratory, 197: Public water supplies, 97; special public water supplies, 28; proposed public water supplies, 3; State Institution water supplies, 5; private water supplies, 23; dairy water supplies, 1; trade wastes, 3; sewage samples, 37.

Water supplies and water purification plants inspected at Allentown, Belvidere (Belvidere Water Co.), Belvidere (Buckhorn Springs Water Co.), Bernardsville, Bound Brook, 3; Bridgeton, Cranbury, 2; Dover, Elizabeth, Elmer, Gibbsboro, Gloucester, Grenloch, Hackettstown, Hampton, Hawthorne, Helmetta, Hightstown, Lambertville, 2; Little Falls, Midland Park, Millville (Millville Water Co.), Millville (Peoples Water Co.), Moorestown, Morristown, New Brunswick, New Milford, Ocean Grove (Ocean Grove Camp Meeting Asso'n.), Ocean Grove (Asbury Park Water Dept.), Ocean Grove (Monmouth County Water Co.), Organe, Oxford, Pemberton, Phillipsburg (Peoples Water Co.), Pluckemin, Rahway City Water Dept.), Rockaway, Roebling, Skillman (State Village for Epileptics), 2; South Orange, Wallington, Washington, Woodbury, Wrightstown.

Watershed inspections: Boonton, Hackettstown, Jersey City, Millville (Millville Water Co.), Rockaway, Washington.

Sewage disposal plants and sewerage systems at Atlantic City, Audubon, Bordentown, 2; Bridgeton, 2; Browns Mills, Carlstadt, Chatham, Cliffside Park, Clinton (L. V. R. R. Creamery), Collingswood, 2; Colt's Neck (Colt's Neck Creamery), East Rutherford, Far

Hills, 2; Flemington, Freehold, 3; Hackettstown (Lackawanna Leather Company), Haddon Heights, 2; Hammonton, Helmetta, Hightstown, 2; Keyport, Leonia, Long Branch, Long Branch (Seaboard Utilization Co.), Longport, Merchantsville, Millville, 2; Moores (Mercer County Workhouse), Moorestown, Morristown, Neptune Township, Neshanic (L. V. R. R. Creamery), New Brunswick (Wirless Station; Newton, 2; Overbrook (Essex County Hospital), Plainfield, 3; Powerville (factory wastes), 2; Princeton, 5; Red Bank, Ridgewood, 4; Riverside, 2; Rumson, Skillman (State Village for Epileptics), Smith's Landing (Atlantic County Hospital), South Plainfield (factory wastes), 2; Three Bridges (L. V. R. R. Creamery), Trenton (Agasote Millboard Co.), 2; Trenton (De Laval Steam Turbine Co.), Trenton (P. R. R. Shops), Ventnor, 2; Vineland, Vineland (State Home for Feeble-Minded Women), Washington, Westfield, 2; Woodstown, Woodstown (Supplee Alderney Dairy).

Stream inspections on the Delaware River and tributaries, Hackensack River, Maurice River and tributaries, Paulins Kill and tributary, Pompton River and tributary, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributaries.

Number of stream pollutions reported, 51; reinspections of stream pollutions made, 64; stream pollutions found abated, 23; cases referred to the Attorney General, 5; Notices to cease pollution issued, 25; plans for sewage disposal plants, sewerage systems and extensions approved, 22; plans for water supply systems approved, 5.

NEW AND NON-OFFICIAL REMEDIES.

Since January 1st the following articles have been accepted for inclusion with New and Non-official Remedies:

Hynson, Westcott & Co.:
Phenolsulphonephthalein, H. W. & Co.
Phenolsulphonephthalein Ampoules, H. W. & Co.

H. K. Mulford Co.:
Anti-Anthrax Serum, Mulford.
Antistreptococcus Serum Scarlatina, Mulford.
Disinfectant Krelos, Mulford.
Salicylos.
Staphylo-Serobacterin.
Strepto-Serobacterin.
Typho-Serobacterin.
P. S.—Scarlatina Strepto-Serobacterin, Mulford, has not yet been submitted to the Council.

Since publication of New and Non-official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies":

The following by the Radium Chemical Co., Pittsburg, Pa.:

Radium and Radium Salts.—Radium is used in medicine in the form of its chloride, bromide, sulphate and carbonate. The therapeutic value of radium salts depends on the emanations which are given off from the radium. Radium emanation consists of alpha-rays, beta-rays and gamma-rays, the latter being similar to X-rays and therapeutically the most useful. The quantity and concentration of radium emanations are expressed in terms of "curie" and Mache units. A "curie" is the amount of emanation in equilibrium with 1 gm. of radium and a microcurie is one-millionth of a "curie." A microcurie is equivalent to about 2,500 Mache units. It has been claimed that radium emanation is of value in all forms of non-suppurative, acute, subacute and chronic arthritis, in chronic muscle and joint rheumatism, in arthritis deformans, acute and chronic gout, neuralgia, sciatica, lumbago and in tabes dorsalis for the relief of lancinating pains. Its chief value is in the relief of pain. Surgically marked results are obtained in the removal of epitheliomata, birth-marks and scars. Radium may be administered in baths, by subcutaneous injection in the neighborhood of an involved joint (0.25 to 0.5 microcurie in 1 or 2 Cc. distilled water), by local application as compresses (5-10 microcuries), by mouth as a drink cure (in increasing doses of from 1-10 to 10 microcuries three or more times a day), by inhalation, the patient for two hours daily remaining in the emanatorium, which contains 0.0025 to 0.25 (average 0.1) microcurie per liter of air.

Radium Chloride.—Radium chloride is supplied in the form of a mixture of radium chloride and barium chloride, and is sold on the basis of its radium content.

Radium Sulphate.—Radium sulphate is supplied in the form of a mixture of radium sulphate and barium sulphate and is sold on the basis of its radium content.—(Jour. A. M. A., Jan. 3, 1914, p. 41.)

By the Powers-Weightman-Rosengarten Co., Philadelphia, Pa.—

Sodium Acid Phosphate.—Sodium Acid phosphate (Codii Phosphas Acidi), NaH_2PO_4,H_2O, is the monosodium dihydrogen salt of orhophosphoric acid, containing not less than 82 per cent. of anhydrous sodium acid phosphate. Sodium acid phosphate is administered to render the urine acid or to increase its acidity. It is used for this purpose to assist the action of hexamethylenamin, which is effective only in acid urine. It should be given so that it has left the stomach before the hexamethylenamin is given. Non-proprietary preparations: Sodium Acid Phosphate, M. C. W., The Mallinckrodt Chemical Works, St. Louis, Mo.; Sodium Phosphate, Monobasic, P. W. R.—(Jour. A. M. A., Jan. 10, 1914, p. 127.)

By the Abbott Alkaloidal Co., Chicago, Ill.—

Slee's Refined and Concentrated Tetanus Antitoxin (Globulin Solution).—For description of Tetanus Antitoxin see N. N. R., 1913, p. 218.

Slee's Normal Horse Serum.—For description of Normal Horse Serum see N. N. R., 1913, p. 236.—(Jour. A. M. A., Jan. 10, 1913, p. 128.)

By Parke, Davis & Co., Detroit, Mich.—

Ampoules Emetine Hydrochloride, P. D. & Co.—Each ampoule contains emetine hydrochloride 0.02 gm.—(Jour. A. M. A., Jan. 10, 1914, p. 128.)—

By Hynson, Westcott & Co., Baltimore, Md.—

Phenolsulphonephthalein.—A product differing chemically from phenolphthalein in that a carbonyl group of the latter has been replaced by a sulphone group. Phenolsulphonephthalein is used to determine the functional activity of the kidneys. It is injected intramuscularly or intravenously and its rate of excretion determined colorimetrically. Phenolsulphonephthalein is a

red powder which yields a deep red solution with water or alcohol containing an alkali.

Phenolsulphonephthalein, H. W. & Co.—Made by a special process and said to be exceptionally pure.

Phenolsulphonephthalein Ampoules. — Each contains a solution of 0.006 gm. phenolsulphonephthalein, in the form of the monosodium salt.

Sterile Ampoules of Mercury Salicylate.—Each contains 0.06 gm. of mercury salicylate N. N. R., suspended in a vegetable fat.

Salvarsan—Ehrlich, Suspension in Ampoules. —Each contains 0.1 gm. of salvarsan, suspended in a vegetable fat.

Neosalvarsan—Ehrlich, Suspension in Ampoules.—Each contains 0.15 gm. neosalvarsan suspended in a vegetable fat.—(Jour. A. M. A., Jan. 24, 1914, p. 297 and 298.)

By the Bayer Co., New York—

Elarson.—Elarson is the strontium salt of chlorarseno-behenolic acid, containing about 13 per cent. of arsenic and about 6 per cent. of chlorin. It has the action of arsenic, but the arsenic being in lipoid-like combination is said to be better utilized and to exert its therapeutic effects in smaller doses than other organic arsenical preparations. Also, it is said to produce relatively little gastric irritation. It is sold only in the form of Elarson tablets.—(Jour. A. M. A., Jan. 31, 1914, p. 379.)

Facetious Items.

Fooled the Deacon.

"Sister Henderson," said Deacon Hypers, according to the London Telegraph, "you should avoid even the appearance of evil."

"Why, deacon, what do you mean?" asked Sister Henderson.

"I observe that on your sideboards you have several cut glass decanters, and that each of them is half filled with what appears to be ardent spirits."

"Well, now, deacon, it isn't anything of the kind. The bottles look so pretty on the sideboard that I just filled them half way with some flour stain and furniture polish, just for appearances."

"That's why I am cautioning you, sister," replied the deacon. "Feeling a triffe weak and faint, I helped myself to a dose from the big bottle in the middle."

"Look here, madam, you just jabbed me in the eye with your umbrella."

"I'm very sorry. Here's my father's card. He's an eye doctor, and if you use my name he'll give you his lowest rates."—Boston Evening Transcript.

Teacher—If I gave you a dollar and your father gave you a dollar and a half and your sister gave you sixty cents, what would you have?

Johnny—Heart failure.—St. Louis Post-Dispatch.

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THE CANCER PROBLEM.

Anniversary Discourse before the Academy of Medicine of Northern New Jersey, March 18, 1914.

By Dr. Thomas S. Cullen,
Baltimore, Md.

Associate Professor of Gynecology, in the Johns Hopkins University, Baltimore, Md.

Several months ago your Academy was good enough to invite me to give a talk on the cancer problem. Not until I received your program, however, did I realize that it was to be the anniversary discourse. I am particularly gratified in being able to briefly bring before you the methods adopted by the various committees in the cancer campaign, to tell you what has already resulted from our labors and to indicate the responsibility devolving on the medical profession. I have already spoken on this subject at length before the Canadian Medical Association in London, Ontario, and at the Clinical Congress in Chicago; consequently in this address it will be necessary for me to cover part of the same ground.

To talk on the subject of cancer before a Newark audience is infinitely more remarkable than carrying coals to Newcastle. Mr. Frederick Hoffman, Statistician of the Prudential Life of this city, has the statistics as to the incidence of cancer at his finger tips. He has rendered the cancer campaign committees the greatest service, not only by the figures he has furnished, but also by his lectures which have been heard from the Atlantic to the Pacific.

At the New York meeting of the Clinical Congress of Surgeons of North America held in November, 1912, it was clearly demonstrated that the laity had a very hazy idea of just what cancer is and of how it can be most successfully combated.

The following facts were emphasized: During the last decade several earnest cancer campaigns had been waged. The main object had been to point out to the family physician what might be accomplished by early operation and to urge him to send his patients to the surgeon at the earliest possible moment. Notwithstanding the splendid efforts in this direction little had been accomplished, not because the physicians were necessarily negligent, but because the patients did not present themselves to the physician until the disease was far advanced. Hence it was finally realized that if satisfactory results were to be accomplished the message must be carried directly to the people. It was pointed out that fifteen or twenty years ago it was very difficult to prevail upon persons with appendicitis to be operated upon. Now, with the knowledge they have, after appendicitis has been diagnosed, operation is sought at once and the only question asked by the patient or his relatives is "To what hospital shall I go?" Similarly, as soon as the laity are made fully aware of the cancer situation, they will on the first sign of the disease present themselves for examination and will gladly avail themselves of surgical aid.

The Clinical Congress, fully realizing the necessity for immediate action, gave the subject most careful consideration, and mainly through the efforts of its secretary, Dr. Franklin H. Martin, a committee consisting of Drs. E. C. Dudley of Chicago, C. J. Miller of New Orleans, F. F. Simpson of Pittsburgh, H. C. Taylor of New York and the speaker were appointed. The committee was instructed to write or have written articles on the subject of cancer, and were further instructed to have these published

in the daily press, weekly or monthly magazines, as might be deemed most expedient. This committee proceeded cautiously, and through the aid of that master organizer and medical editor, Dr. George H. Simmons, was able to enlist the co-operation and support of some of the most representative magazines in the country. Mr. Bok, editor, and Mr. Harriman, managing editor of the Ladies' Home Journal, manifested the deepest interest in the campaign. After much thought they came to the conclusion that a lay writer might better reach the public ear and they naturally selected Mr. Samuel Hopkins Adams, who has proved himself such a dominant factor in the campaign against patent medicines, and who in June of last year was made an associate member of the American Medical Association in recognition of his splendid crusade. Mr. Adams, after visiting various surgical clinics throughout the country, wrote a most comprehensive article on the subject. This was published in the Ladies' Home Journal for May, 1913. It is well worth a thorough perusal not only by every layman but also by each member of the medical profession.

Collier's Weekly for April 26, 1913, and the May number of McClure's magazine of the same year also contained admirable articles on this subject from Mr. Adams' pen. The medical profession is under a deep debt of gratitude to Mr. Bok, Mr. Harriman, Mr. Collier and Mr. McClure for so liberally opening their pages for the enlightenment of the public on this very important subject.

It has been estimated that these three articles reached a reading public of between eight and ten millions. Harper's Weekly for March 29, 1913, also contained a timely article urging cancer patients to be operated upon without delay.

Abstracts from the magazine articles appeared in many of the daily papers throughout the country. The Baltimore Sun contained a full column, the Baltimore News and the Baltimore American each devoted ample space to the subject. The New Orleans News-Item gave a full abstract of Mr. Adams' article from McClure's and the Detroit News-Tribune for April 27, 1913, with the permission of the Ladies' Home Journal, copied Mr. Adams' article in full. I have just mentioned a few of the daily papers that have given this matter wide publicity. The entire press of the country has been most liberal in its dissemination of our knowledge of cancer. Nor was this support confined to the papers of the United States. The Canadian journals have also strongly emphasized the necessity that sufferers from cancer should have the condition attended to promptly. I have splendid clippings from the daily press of London, Toronto, Montreal, St. Johns, N. B., and Vancouver. I feel confident that the press will gladly continue to publish any new data on the subject until every one on the continent has a clear idea of just what cancer is, what its early symptoms are and how it can best be treated.

Our committee was particularly anxious to find out what influence Mr. Adams' article had had on the community at large and it was not long before data were forthcoming. Within a week after the appearance of Mr. Adams' publication a colleague of mine told me that he had just operated upon a patient for cancer of the breast. The nodule was not larger than a pea, and when asked why she had come so early the patient said she had just read the article in the Ladies' Home Journal and thought that it would be unwise for her to delay. The outlook in this case is excellent. Another colleague had for weeks been urging a patient with cancer to be operated on, but to no purpose. Within three days after the appearance of the article, which she had carefully read, she entered the hospital and was operated upon. Dr. C. Jeff Miller of New Orleans, one of our committee, wrote me that as a result of the article in the Ladies' Home Journal a lady soon came to him with an early cancer. Dr. T. C. Kennedy of Indianapolis, under date of May 13, 1913, writes: "A lady out in the State noticed a lump in the left breast. Seeing the article in the Ladies' Home Journal, she immediately consulted her family physician, who referred the case to me. I operated on her at St. Vincent's Hospital last Thursday, doing a Halsted. Here is a case that has a good chance of getting entirely well, as it was taken early."

Dr. Franklin H. Martin of Chicago early in May, 1913, saw a beginning carcinoma of the breast. The husband had just read the article in the Ladies' Home Journal, and insisted on his wife consulting a surgeon. Dr. Martin removed the entire breast and axillary glands and feels sure that the outlook for a permanent cure is excellent.

Two months ago my colleague, Dr. Joseph C. Bloodgood, gave a series of lectures in some of the important cities in the South. He tells me that even at this early date he is receiving letters from numerous surgeons saying that, as a result of his lec-

ture they have already begun to see early cancer cases.

It is evident, then, that the knowledge of cancer has already been widely disseminated and it is bound to bear fruit. The more the subject is investigated, the clearer it becomes that, if the women of the country are made aware of what can be done if cancer patients apply early for treatment, it will be unnecessary to pay much attention to the men. If men are sick, unless very ill, they pay no attention to it, and only after they are urged by their methors, wives, sisters or daughters do they seek medical aid. As a matter of fact the woman is the health guardian of the household.

It has been intimated that people may be frightened by being enlightened as to the symptoms of the various forms of cancer and further that those with vivid imaginations will think they have cancer. These objections are valid ones but are soon dissipated. In either case the individual will seek medical advice, and if after careful examination nothing be detected the patient's mind will be set at rest. All of you will agree with me that it is better to unnecessarily alarm a person now and then than to allow others through ignorance to drift along with a cancer until it is too late—until all chance of a cure is past.

Last May, largely through the instrumentality of Dr. Clement Cleveland, Dr. LeRoy Broun and Dr. Howard C. Taylor of New York, some of the most influential and broad-minded ladies of New York, among others Mrs. Russell Sage, Mrs. Frederick W. Vanderbilt, Mrs. James Speyer, Mrs. Thomas W. Lamont, Mrs. H. Winthrop Gray, Mrs. John E. Parsons, Mrs. V. Everitt Macy, Mrs. John D. Rockefeller, Jr., Mrs. William Rockefeller, Mrs. George C. Clark, Mrs. Morris K. Jessup, Mrs. Otto Kahn, Mrs. Anson Phelps Stokes and Mrs. Robert G. Mead, decided to start a national campaign for the Control of Cancer. This society is called the American Society for the Control of Cancer. Its president is Mr. George C. Clark, and it numbers among its officers many of the most representative laymen and physicians of the United States. Its secretary is Mr. Curtis E. Lakeman, 289 Fourth avenue, New York City.

This society is working in the utmost harmony with the cancer committee of the Clinical Congress of Surgeons and with that of the American Medical Association. It has the endorsement of the leading medical associations of the United States. Its plans are broad and it purposes to educate the laity in all parts of the land.

I cannot let the opportunity pass without expressing my personal appreciation of the untiring efforts of the treasurer of this association, Mrs. Robert Mead. It is a society which has for its aim the saving of many human lives and I hope that many of my hearers this evening will soon become members of the American Society for the Control of Cancer.

The campaign of education has in reality just begun. It will be necessary to enlighten every member of the community. The problem is a complex one—one that cannot be handled in the same manner that tuberculosis has been. The subject of tuberculosis is easy of explanation. The disease not only affects the individual, but is a real menace to those in the vicinity, consequently those in the neighborhood are continually on their guard, and if the patient be not careful in the mode of handling his sputum this laxity is soon brought to his or her attention by those in danger.

Cancer, on the other hand, affects chiefly the patient and is of little danger to those around. There is no danger signal such as a cough to draw attention to the malady. Of course, if the cancer be on the hand or face it may be noted by others, but as a rule it is hidden, and the patient only is aware of its presence, and her friends do not for a moment suspect the true condition until the patient appeals for medical treatment, or, as is too often the case, drifts along until the sallow cachectic appearance accompanying the late stages of the disease clearly demonstrates that the individual is suffering from some dangerous affection.

Much can be accomplished through carefully written and authoritative articles in the daily press and in magazines; but this will not be enough; the symptoms of each and every form of cancer must be indelibly impressed upon every individual. For women such information can be most satisfactorily disseminated by women's clubs. These clubs have been rendering yeoman service to the country, and their real worth is only now receiving its due share of appreciation. The men of the community can be best reached through short lectures delivered in factories or in the clubs that they may be affiliated with. This heart-to-heart discussion on the subject before small companies of men and women is bound to yield results. If such an enlightenment is to be accomplished the entire medical profession

must take an active part in the dissemination of this knowledge.

In some cities the people are waking up to the fact that the public school buildings are at most used only about thirty-five hours a week. They furthermore appreciate the fact that if the maximum amount of good is to be accomplished there must be concerted action. In wideawake communities the schoolhouse has become the evening meeting place of the neighborhood. Here health talks and lectures on hygiene are given and many other topics relating to the welfare of the community are discussed. This practical utilization of the public school building will undoubtedly soon be adopted in all parts of the country and this avenue for the dissemination of the knowledge concerning cancer will then probably be the most important one.

To those of you wishing a clear and succinct idea of medical subjects that should be known by every man and woman I would strongly advise the purchase and thorough perusal of the "Health Master," by Samuel Hopkins Adams. It will so fascinate you that after reading a chapter or two you must keep on to the end. You will think of it as a simple and interesting story and yet there is scarcely a paragraph that does not contain an interesting, practical medical lesson—one that will be of importance to you in the home. Old Mrs. Sharpless will become one of your best friends and the Health Master one in whom you have the greatest confidence. Life insurance companies would do well to see that each one of their policy-holders has a copy in his possession and railroads would profit by giving each employee a copy. This book by Mr. Adams is destined to play an important part in the health matters of this country.

The committee of the Clinical Congress in their report intimated that they had found that accurate data on cancer in the United States were very meagre and they said that if the people were to be enlightened better hospital records must be kept.

They drew attention to the added responsibility that a campaign against cancer would entail. With the increased number of cancer patients seeking surgical aid will come a large number of border-line cases—cases in which a careful microscopical examination of the growth must be undertaken to determine whether it is cancer or not. If the growth be malignant, operation is indicated at once. How many surgical clinics throughout the United States are prepared to make frozen sections at once and have at their command an expert surgical pathologist whose opinion can be obtained on the spot? Outside the main centers few possess these facilities, and in many of the hospitals it is days before an expert opinion can be obtained.

Among the many good surgeons throughout the country naturally only a few are surgical pathologists. The time is speedily coming when every hospital will have a trained expert surgical pathologist on its staff, a man whose advice can be had at every operation. He will prove to be one of the hospital's most valuable assets. Some may ask why we have not more such men. The truth is that the young physician must make a livelihood and, as the pathologist receives as a rule a mere pittance for his work, few have the scientific perseverance to enter this field. If the work was made satisfactorily remunerative plenty of capable men could be induced to enter this field and when they have once learned what a fascination there is in following an individual case to its very rock bottom, in obtaining here and there a clue enabling them to forecast with a degree of definiteness and precision whether this or that patient will recover, and in discovering every now and then something that has never before been known to medical men, the majority of these men will never give up the study of surgical pathology. But it is only fair that these pathologists should be well paid. They are really the judges that pass sentence upon this or that patient. It is they who determine for the surgeon whether a radical operation is necessary or not. It is the duty of the profession to see that in the near future every hospital has a well-trained pathologist attached to its staff. Otherwise much of the value of the cancer campaign will be lost.

The importance of a thorough knowledge of precancerous lesions as has been well described by Bloodgood and others will enable the surgeon by a very simple operation to protect patients that would later probably develop cancer. This is a preventive measure that is bound to yield admirable results. In this connection I would strongly urge all of you to read the splendid article on Moles in the March number of the Ladies' Home Journal, by that peer of American surgeons, Dr. W. W. Keen of Philadelphia. He prepared it months ago as his contribution to the cancer campaign of the Clinical Congress.

The cancer campaign committee drew attention to the absolute necessity in every

case of cancer of a thorough operation. To accomplish the maximum amount of good for the increased number that will come for operation as a result of our labors, our surgeons must be thoroughly conversant with the anatomy of the parts concerned and must have a full knowledge of the paths along which the cancer travels from its point of origin. In cancer of the lip, for example, the operator must consider the removal of the glands of the neck. In cancer of the rectum he must remember that the liver is frequently secondarily invaded, and that if such be the case, an extensive rectal operation is contraindicated.

On one occasion, while in Europe, meeting one of my Baltimore colleagues on the street, I said, "Why, I thought you were going to Dr. ——'s clinic this morning." The reply was, "I did. He was to do a breast operation at 8:45; I arrived at 9, and the operation was over." This surgeon has a world-wide reputation. If our work is to be as superficial and incomplete as it was in this case, then it were better not to undertake any campaign against cancer. Fortunately for our patients, admirable work is being done in many clinics, but there are still exceptions.

The Value of Radium.—The use of radium in the treatment of cancer has been widely and persistently discussed in the daily press. Such adversity of opinion has, however, been given by members of the medical profession that it is extremely difficult for the laity to form any definite idea as to the value of radium in cancer cases.

It is a well known fact that there are only two or three surgeons in the United States who have had enough radium to enable them to test out the efficacy of this element in the treatment of cancer, consequently there are only two or three surgeons in the entire country who have knowledge enough to discuss the subject intelligently. Fortunately these men are well known in their profession and whatever they publish will naturally carry much weight. The myriads of interviews and articles written by others are of little or no value.

That radium will cure many skin cancers is well known. The X-ray will often accomplish the same results and many surgeons prefer to remove these growths, if possible, with the knife. In this class of cases any one of three methods will yield good results. In the course of a few years it will be definitely determined which method gives the best results and this procedure will then be adopted as the routine.

Fortunately those few men who have had a liberal supply of radium have been most competent and conscientious surgeons and in the treatment of internal cancer have used the knife first in all favorable cases. By favorable, I mean cases where operation offers a fair chance of removing the entire growth. In those cases coming too late for operation—cases that were doomed to death—radium has been used a great deal. What the final results will be it is too early to say, but if one hopeless case in twenty could be relieved I know that every one in this audience would be only too anxious to have it tried on one of their own family should they be unfortunate enough to have this dread malady. Then in those cases where no permanent relief can be looked for the radium often relieves the patient for months of the distressing symptoms accompanying cancer.

Whether we are dealing with religion, labor, politics, art, law or medicine the individuals instinctly divide themselves into two classes:

1. Upbuilders,
2. Knockers.

In the discussion of radium the knockers have been out in full force. I do not, of course, refer to the timely warnings given the public against radium frauds which are liable to follow the wide publicity given radium. These are absolutely necessary and more of them would not be amiss. The surgeons that purchased large quantities of this element in the beginning had but a hazy idea of what might be accomplished by it, and when it proved to be of some value they treated rich and poor alike, gladly giving their services free to those without means.

Those same surgeons went on quietly using radium for several years, not wishing to bring their results before the profession until they had had a fair opportunity to determine just what radium could accomplish. In the last two months our class of knockers has been most industrious. They have been unsparing in their criticism of these men for the splendid support they gave Secretary Lane in his bill for the withdrawal of radium-bearing lands with the hope of causing the price of radium to drop to $60,000 or $70,000 per gram. These surgeons have been accused of selfish motives and of personal greed. Fortunately they are big men and have absolutely ignored such unjust accusations. The knockers, with their narrow and short vision, have totally overlooked the fact that with

the marked reduction in the price of radium it would be possible for many hospitals and surgeons to secure an adequate supply, thus enabling the entire country to test the results of radium. These pessimists also forget that the reduction in the price would at once cause a depreciation in value of the holdings of one of these surgeons of from $120,000 to $60,000 or $70,000. Would any but a philanthropist be working so enthusiastically to diminish the value of his principal?

What we definitely know of radium can be summed up as follows: Radium will cure many skin cancers, as will also the X-ray and knife. Radium will apparently cure some extensive skin cancers that can hardly be reached by the knife.

Radium will cause some large neck tumors to literally melt away. Whether they will return or not it is as yet too early to say, but even a temporary respite is a great relief for the patient and a comfort to the relatives.

What can be accomplished in internal cancer is still problematical. The larger the amount of radium used the more the benefit to the patient.

Radium experts advise early operation for all internal cancers, employing radium in the far advanced cases. They look upon radium as an adjunct and not as a substitute for operation for internal cancer.

That there must be some value in radium is clearly indicated by the attitude of European nations. France, Austria, Germany and England realize that there is some definite virtue in radium and the municipalities are purchasing it.

Under date of March 7, 1914, we learn that the city of Berlin has set aside $60,000 for the purchase of radium for public use.

Six hundred milligrams of radium bromide have been purchased at a cost of $93 per milligram. This will be delivered to the city of Berlin in glass tubes, each holding 50 milligrams. In the purchasing contract it was also stipulated that if after ten years there is a marked decrease in the activity of the radium, the company from whom it is purchased agrees to replace it with a new supply.

The commission also has arranged to rent 200 milligrams of mesothorium at a monthly rental of $2.50 per milligram. The adjacent municipalities of Charlottenberg and Schoenenberg have made similar arrangements.

The uncharitable attitude of the knockers has not, however, been without its value. Each time the subject was discussed it was pointed out that by operation a certain percentage of patients could be cured, and the press in the majority of instances were good enough to emphasize the fact that early operation was the important thing, after all, and that if the patient came for operation when the cancer was in its beginning many might be saved. The continued discussion of radium has, therefore, proved of great assistance to the various cancer campaign committees in their education of the laity as to the early diagnosis of cancer. The laity now know absolutely that cancer is a local lesion and not a blood disease, and that early operation offers a fair chance of permanent recovery.

After Results in Cancer Cases.—Hospital management in years past has been notoriously lax, but in recent times business methods have been introduced into many of the newer institutions. It would do all medical men good to visit up-to-date business houses and see the card-index systems and the various short-cut methods employed in everyday business. It would also be advisable for the trustees of the various hospitals to see to it that the same systematic and buiness-like methods are used in the registration of data in the hospitals with which they are connected as they themselves employ in their business.

This is an age of time-saving devices and all business men are keen to see what results have accrued from their endeavors along these lines. What applies to business applies equally well to the subject of cancer. What is the use of operating year after year in a routine manner, having but a hazy idea of the final outcome? At least one tactful clerk in every hospital should be assigned to the task of keeping in constant contact with patients who have been operated on. In this manner one can at a glance tell how many patients have been relieved by operation. The results of one operator can be compared with those of another—of course in a fraternal and not hypercritical spirit; for there is no doubt that a runner can always make better progress with a pacemaker. The careful analysis of a large number of cases will always demonstrate wherein future improvements can be made: moreover this strong evidence of the hospital's interest in their welfare cannot fail to impress its former patients, and will stimulate them to urge their fellow-sufferers to undergo a similar treatment.

These data, to be of use, must from time to time be thoroughly analyzed and pub-

lished. Follow up your cancer patients, and see what has become of them. Many of them will be dead, but some that you have lost track of are still living and well. You will soon become so interested in the return letters that you can hardly wait for the postman to arrive, and when now and then a reply says that the patient is alive and well at the end of ten or thirteen years, it will warm the cockles of your heart; it will more than outweigh many of the disappointing results you have had and will make you feel that, after all, the fight is well worth keeping up.

With the increased number of cancer patients coming early for operation, the percentage of cures will naturally be increased and with the improved methods of operation this percentage will be still further improved. It is this continual increase in the number of permanent cures that we must keep ever before the public.

Many of the smaller hospitals have difficulty in making ends meet. Such institutions will not be able to furnish funds for the collection of the necessary data on cancer. A cancer fund could not be put to better use than in paying the salaries of capable young physicians who would carefully analyze the cancer results of the smaller institutions. If all statistics could be utilized, in a few years the cancer committee would have an abundant and really valuable amount of information on the subject.

Whether the etiology of cancer will soon be discovered or not is problematical, but in any event the people of the country should be made thoroughly cognizant of the early symptoms of cancer and of the fact that many may be cured by early operation. I can imagine no gift that would yield the philanthropist a greater return than the satisfaction of knowing that as a result of his munificence thousands of lives of cancer patients had been saved by prompt operation.

New workers in an old field are often prone to forget the fundamental labors of pioneers in the same field, and we should be remiss did we not express our appreciation of the labor of those who in the past have done so much to bring before the general public a judicious amount of knowledge upon the subject of cancer.

I have given you a sketchy outline of what has already been accomplished by the various cancer campaign committees. In order that you may have some definite and tangible facts to take home with you I am going to briefly discuss one of the most frequent varieties of cancer in women, that is, cancer of the womb or uterus. It is a subject rarely if ever discussed before a lay audience, but one of supreme importance, and a thorough knowledge of what may be accomplished in this disease, if it be recognized early, will be the means of saving myriads of useful lives.

(Dr. Cullen then gave an illustrated talk on Cancer of the Uterus.)

NEWER STANDPOINTS IN THE DIAGNOSIS AND TREATMENT OF ANAEMIA.*

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Some months ago when your secretary extended to me the invitation to be your guest to-night, I was much interested in certain aspects of the blood changes in anaemia which I was then studying, and the title which you have just heard read suggested itself to me as one which might serve as a text for a brief review of the entire subject. Later on when I came to consider more in detail what I wanted to say to you, it occurred to me that this phrase did not very well express the attitude of mind with which a clinical study of the blood should be approached. A better expression, it seems to me, would be something like this: "The study of the blood in the physical diagnosis of disease," for just as we are now regarding many of the other problems of medical diagnosis from a different angle than formerly, so our attitude toward the investigation of the blood picture in any given case has changed a good deal during the last decade and even during the last few years. It is not so very long ago that even the fundamental features of the study of the blood, such as the enumeration of the red and white cells, the determination of the percentage of haemoglobin and the preparation, staining and examination of a blood film were regarded as more or less special forms of examination, involving so much work and interpretative skill as not lightly to be entered upon; and demanding to be done only when the patient's condition presented features unmistakably pointing

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to some deviation from the normal in the blood or in the tissues concerned in its production.

Now, however, we have become wiser, and experience has taught us how frequently unexpected discoveries may be made by a routine blood examination; so that we are adopting more and more the standpoint that at least the elements of the blood investigation above enumerated should form part of the study of almost every new patient. The modern clinician includes the blood examination in his preliminary study of the patient, just as naturally as he does the auscultation and percussion of the chest, inspection of the pupils or the testing of the reflexes. As a result, early leukemia, intestinal parasites or malarial infections are now less likely to reveal themselves as painful surprises after days or weeks of unavailing treatment have finally led to a blood examination as the ultimate resort of the puzzled medical adviser.

In St. Luke's Hospital, for example, such a blood examination forms as much a part of the routine study of each new patient entering the hospital as does the urinalysis, and is considered as an integral part of the physical examination which must be in readiness when the attending physician makes his first visit to the patient's bedside. The value of this more intimate fusion of the study of the blood picture with other elements of the physical examination, is far-reaching moreover; and just as we are in this way often enabled at once to make what otherwise might be a very difficult diagnosis, so we are also put into the position of correlating other manifestations of the patient's condition with the blood state. For example it is now known that the interesting blood affection giving rise to paroxysmal hemoglobinuria is practically always associated with an antecedent syphilitic history, simply because routine Wassermann examinations are being made with such frequency in blood conditions as well as in other diseases. Again, having once determined that there is a real abnormality in the blood picture, we are no longer content to tack onto it the name of some hematological disorder and consider our diagnostic duties fulfilled, but rather that they have only begun. If we find that the patient has a low hemoglobin percentage or red cell count, it indicates among other things that the alimentary tract is to be studied with the greatest attention throughout its entire length, and that means from the teeth to the anus; for while the possibility of a bleeding gastric ulcer, or a new growth of the stomach or bowel is not likely to be overlooked as a cause of the deficiency in hemoglobin, the painstaking physician will not infrequently find that oral sepsis underlies many obstinate cases of anaemia. Recognition of the fact that concealed alveolar abscess or pyorrhea alveolaris gives rise to toxins which can be responsible for chronic joint conditions, has led us to make autogenous vaccines from these sites of infection and thus produce therapeutic effects in cases of so-called rheumatoid arthritis that a few years ago would have been regarded as marvelous. The significance of toxin absorption from this site is not less important, however, from the standpoint of the anaemias, and while few observers go so far as Hunter—who regards all the usually termed cryptogenetic anaemias as due either to this source or to intestinal intoxication—no effort should be spared, even to the making of X-ray photographs of the jaws, if necessary, to eliminate this source of a possibly grave anaemia. The thin looking, glazed mucous membrane of the mouth and especially of the tongue, together with increased susceptibility to very hot or very cold beverages or foods, also often gives a suggestion that leads to the discovery of an early pernicious anaemia; and it is not amiss to mention that the uncertain gait and paresthesia of pseudotabes is sometimes an indication of the same import. Nor should the opposite extremity of the alimentary tract be allowed to escape careful scrutiny. Not a few cases of supposed pernicious anaemia have been successfully treated when the medical attendant discovered either with the finger or proctoscope or by examining the stools that the slow but constant loss of blood from internal hemorrhoids was responsible for a continuous drain on the blood-forming organs. Or the detection of the ova of the hook-worm or the bothriocephalus in the stools, even in patients in whom there is apparently no reason to suspect such an infection, may be a discovery which means restoration to health for the patient and much credit for the physician.

The search for the cause of a severe anaemia may reveal the existence of a previously unrecognized malignant endocarditis; while what appears to be chlorosis frequently turns out to be early tuberculosis or nephritis. Acute leukamia very commonly begins with severe angina or stoma-

titis and such cases are often diagnosed simply as septic infection originating in the tonsils; or profuse and intractable epistaxis may be the first indication of the same disease; and when these symptoms are present a blood examination should always be made. Even the surgeon may with advantage listen to the warning voice of the hematologist and allow him to express an opinion before proceeding to operate. A routine blood examination of all patients would often yield information which if intelligently acted upon would transform a poor operative risk into a good one. In cases in which there is no great urgency a little treatment directed to the blood state, by rest in bed, proper nourishment and medication may greatly improve the prognosis, or at least facilitate the convalescense; while in emergencies a preliminary transfusion may be of life- saving value. Grave errors of judgment may also be avoided, as for example when not so long ago in a large metropolitan hospital, a breast was amputated as suppossed sarcoma, but at a blood examination made after the operation instead of before, it was found that the patient was suffering from lymphatic leukemia, the breast lesion being simply an accumulation of lymphoid cells which did not require removal. Numerous patients have gone to an untimely end because an overzealous operator has removed an enlarged spleen without realizing that it was of leukemic origin and that in this condition splenectomy is absolutely contraindicated.

As the last few years have seen some changes in our views regarding blood morphology, it may be worth while to review very briefly the chief facts in regard to the nature of the different types of cells found in the blood in health and in diseases. The red cells are usually spoken of as bi-concave discs. Many observers, however, contend that in the circulating blood they are really bell-shaped or resemble a partly collapsed rubber ball. The nature of their limiting membrane is also the subject of much discussion. The existence of a physical membrane is probably assured, though it is not so certain that this has the actual qualities of an anatomical cell wall, and according to some observers it is of the nature of a mosaic composed partly of lipoids such as lecithin and cholesterin impermeable to water, and partly of protoplasmic substances, so that the result is that the cell acts like a semi-permeable membrane and permits the passage of salts and of water.

The length of life of the red blood cell is difficult to determine, but is estimated at about 15 to 30 days. After the transfusion of an anaemic patient, by using special stains, the normal cells may be recognized for about two weeks in blood smears. The destruction of the cells goes on in the spleen, red marrow, liver, and also in the lymph glands in severe anaemias. Here the worn out cells are phagocyted by macrophages and their substance is dissolved probably through the action of ferments. The hemoglobin is partly converted into an iron containing pigment substance, but the larger portion reaches the liver and is here broken down and converted into bile pigment. Consequently in conditions of increased red blood cell destruction one may have a form of icterus due to excess of bile pigment and known as pleiocholia, while at the same time urobilin is likely to appear in the urine and Ehrlich's aldehyde reaction may be strongly positive. If the amount of hemoglobin so liberated is more than the liver can handle, the kidneys excrete it and hemoglobinuria results. The iron set free in this way can undoubtedly be used in the manufacture of new red blood cells, even when there is abnormal destruction of red cells, so that the administration of iron as a drug for the purpose of supplying a supposed lack of this element is futile.

The red cells normally originate in the red bone marrow of the flat bones and vertebrae, but the fatty marrow of the long bones does not take part in their manufacture. The functionating marrow always shows transitions from the unripe nucleated forms to be finished non-nucleated type occurring in healthy circulating blood. The nucleated red cells or normoblasts are usually not more than 9 microns in diameter and have nuclei with compact chromatin, or exhibit a wheel-shaped arrangement of the chromatin network. Others show small compact nuclei called pycnotic nuclei or have the nuclear substance already fragmented and scattered through the cell in large or small portions. The forerunners of the red cells are colorless cells which morphologically resemble the lymphocytes. These acquire hemoglobin and thus become megaloblasts. Many of these have an affinity for basic as well as acid stains so that they exhibit the indeterminate reddish-blue or slate colored shade termed polychromatophilia, and this may also be seen in young cells that have already lost their nuclei. Older cells with pycnotic or fragmented nuclei may have lost this quality to

a large extent or even entirely. True megaloblasts, that is, very large nucleated red cells of the sort seen in embryonic marrow occur in the normal adult occasionally; but the true megaloblasts must be differentiated from cells that are simply swollen normoblasts or so-called macronormoblasts, the chief distinction being the appearance of the nucleus. In the former this is larger and is less compact, so that it looks more pale and shows more of a chromatin network. This point is of considerable importance in distinguishing between pernicious and secondary anaemias, for in the latter true megaloblasts are very rarely seen. The loss of the nucleus normally occurs through intracellular solution or kariolysis as the result of the action of special ferments or nucleases. An actual expulsion of the nucleus has not been proved.

The leukocytes of the circulating blood are divided into two main groups, the lymphocytes, which are characterized by the possession of a non-lobed nucleus and of non-granular protoplasm, and the granular cells, which have a lobed nucleus and protoplasm containing granules which according to their staining affinities are called either neutrophile, eosinophile or basophile. The lymphocytes as their name indicates normally originate chiefly in the lymph follicles—that is in the spleen, lymph glands and lymphoid tissue of the intestine and other organs. The granular leucocytes, however, are formed in the bone marrow from large cells called myelocytes with oval nuclei and the corresponding type of granules, and these in turn are derived from myeloblasts which are of similar morphology but devoid of granules.

Two other cells found in the circulating blood but forming a group by themselves, are the large mononuclears which are large cells with oval nucleus but no granules, and the transitionals, formerly supposed to represent a transitional stage in the development of the polynuclears, but are now regarded as belonging in a separate group with the mononuclears. Both the lymphocytes and the granular cells are developed from large cells which morphologically resemble the large lymphocyte, and it is still a hotly contested point whether this ancestral cell is the same for both and only the nature of the tissue in which development takes place decides whether or not the resulting descendant is to be a lymphocyte or a granular cell; or whether there are from the beginning two distinct cell forms, the lymphoblasts and the myeloblasts.

Another thing to be remembered is that in disease, organs such as the liver, spleen, lymph glands, intestinal follicles, etc., may once more resume an embryonic function and through the development of foci of myeloblastic or erythroblastic tissue, produce myelogenous cells or erythrocytes again.

After this brief sketch of the morphology of the blood we are ready to consider some of the more important blood diseases, notably the different forms of anaemia. This condition is one of the most definitely recognizable in medicine, but the diagnosis is permissible only when the percentage of hemoglobin and number of red cells have actually been determined. To assert, as is so often done, that a given patient is suffering from anaemia without investigating the condition of the blood is just as unjustifiable as it would be to make a diagnosis of albuminuria without testing the urine. A person who "looks anaemic" or has a very pale skin may or may not be suffering from impoverishment of the blood, and similarly a low hemoglobin percentage and reduced number of red cells may be found in individuals whose appearance in no way suggests such a condition; so that the diagnosis must always be founded on purely objective evidence. It is unfortunate in this connection that as yet the methods available for clinical purposes do not give us any information in regard to another highly important factor. While we are able quickly and easily to determine the amount of hemoglobin and number of red cells in a unit quantity of blood, this affords no clue as to the total volume of blood in the body and the only procedures that can be used for the purpose are too difficult and complicated to be applicable except in experimental work. Yet this is of considerable importance, for undoubtedly some of the persons of pale and cachectic appearance in whom the hemoglobin and red cells appear practically normal will be found to be suffering from a deficiency in the total blood volume could we but determine it. This is particularly likely to be the case in carcinoma and tuberculosis, while in chlorosis, as we shall see later, the conditions are reversed, and the blood volume is increased, often to a very considerable extent.

As a rough classification, the anaemias may be divided first into those which appear as a consequence of some other dis-

ease, and are therefore termed "secondary." In others the condition of blood impoverishment appears to be a fundamental one and no underlying disease is discoverable. The etiology of these "primary" anaemias which represent real blood diseases is still unknown; but as time goes on their province is becoming more and more restricted and the outlines of the clinical picture are being more sharply drawn.

Another and very satisfactory plan of grouping the anaemias for the purpose of morphological comparison is that suggested by Prof. F. C. Wood, in which they are arranged in serial order according to the severity of the blood changes likely to be encountered in ordinary cases. From this standpoint one would place chlorosis at the beginning of the series as usually presenting the least marked alterations in the character of the cells, and pernicious anaemia at the other; for in the latter not only is there the greatest abnormality in the character of the cells but the very process of blood manufacture is profoundly modified, so that there is a reversion to the mode of haematopoiesis normally present only in the embryo, with the result that types of cells are seen which ordinarily do not appear in the circulating blood in postfoetal life. Between these two extremes there are gradations going progressively through the blood impoverishment due to bad hygienic conditions; that is, overwork and under nourishment, insufficient light and fresh air, etc., then the anaemia due to general disease such as tuberculosis, nephritis, syphilis, malaria, etc., then that due to malignant disease, chronic hemorrhage or sepsis, and finally the anaemia due to intestinal parasites, the series ending with pernicious anaemia. Of course the boundaries of these groups are far from fixed and individual cases vary tremendously in severity; but such a view-point is of service in explaining the blood picture seen.

It is furthermore of interest to note that the cases belonging to the upper or less severe end of the scale are being seen less often; improvement in this respect going hand in hand with the better understanding of the rules of hygiene by all classes of people, and the better provision being made for the health of workers in factories, department stores, etc. Cases of chlorosis for example are becoming distinctly rarer even in dispensary practice. It is somewhat difficult to reconcile the undoubted diminution in this disease which in large cities at least has accompanied the better care of shop girls and department store employees, with the theories as to its causation which are now being most widely held and which assume a more or less congenital predisposition. It has long been recognized that chlorosis is a distinct disease, sui generis, to be sharply differentiated from all other forms of anaemia, and that in fact the anaemia itself is probably only one of the symptoms. No well authenticated cases have been reported in males. It always begins at about the period of puberty; for even if it apparently develops later, a careful history will nearly always reveal earlier manifestations at that time, and it is further characterized by a great tendency to relapse. Out of a large number of theories that have been put forward to explain its etiology, the latest is one that associates it with a disturbance in the activity of the ductless glands, those most actively involved being the sexual glands, together with reduced efficiency of the chromaffine system. The bone marrow in the few autopsies recorded has not been found altered, and one of the distinctions between chlorosis and the other anaemias appears to be that the marrow while not impaired in ordinary capacity is not responsive enough to the increased demands made on it, the red cell manufacture being involved to a less extent than that of the hemoglobin. This increased demand seems to depend on the fact that there is usually a disturbance of water metabolism favoring water retention and resulting in a condition of polyplasmia, for while in health the blood weight is about 5 per cent. of the body weight, it has been found that in chlorotics with the hemoglobin below 50 per cent. the blood weight rises to 7.5 to 14 per cent. This of course means increased work for the marrow to supply cells for this exaggerated bulk of blood, which it is unable to fulfill. Falta, who assumes that the disturbance of the ovarian function is one of hyperovulation, has suggested careful radiotherapy as a form of treatment. The diet must receive special consideration and frequent small meals of highly albuminous foods such as meat and eggs, are to be recommended. To aid in correcting the tendency to hydremia and water retention the fluid intake should be restricted.

The blood picture is ordinarily that of a mild secondary anaemia with very low hemoglobin index, pale cells, moderate anisocytosis and poikilocytosis and no, or very few, nucleated forms. The most im-

portant thing in connection with the diagnosis is that it cannot be made from the blood picture alone, and that every precaution must be taken to exclude causes of a possible secondary anaemia, especially incipient tuberculosis, pregnancy, and nephritis before coming to this conclusion in regard to the nature of the malady. On the other hand the possible existence of chlorosis should always be thought of before making a diagnosis of either neurasthenia or hysteria.

Chlorosis is par excellence the condition in which iron is effective, probably chiefly through its stimulating effect on the marrow, and not owing to any deficiency of this element in the food, and the old fashioned Blaud's pill if freshly made seems as effective as any of the more elaborate preparations.

In considering the treatment of this as well as of the secondary anaemias it is well to bear in mind that drugs, and that means chiefly iron and arsenic, useful as they are, must be regarded only as adjuvants to the general factors of treatment. As von Noorden graphically puts it, "rest, light, air and food are the oats; drugs are the whip to the blood-forming organs." Of the iron preparations, one that is particularly serviceable, often being effective in cases in which the other forms have been tried without success, is a combination frequently used by the elder Dr. Janeway, and composed as follows for each dose: Iron and potassium tartrate 10 gr., glycerin 20 minims, water enough to make 2 drams. It is important that the glycerin be neutral, for if free acid is present it may break down the double salt of iron. The combination is non-constipating and is usually very well borne. Recent experimental evidence seems to be in favor of the view that the inorganic iron preparations are just as efficient as the elaborate and expensive organic compounds with which the market is flooded. A preparation of arsenic which is being widely used at St. Luke's Hospital at present is sodium cacodylate which is given hypodermically in doses of 5 centigrams (¾ grain), in the form of a solution put up in ampoules by various makers. This is non-irritating locally, and all danger of upsetting the patient's stomach is avoided.

The most interesting of all forms of anaemia, however, is undoubtedly that described first by Addison of Guy's Hospital in 1855 and later more fully by Biermer in 1872, who gave it the name now usually employed; progressive pernicious anaemia. It is of interest not only because of the immense amount of work that has been done to clear up its etiology, the varied nature of the blood picture presented, the complete upheaval of the normal processes of blood formation which it includes, and the dramatic course of the disease with its exacerbations which bring the patient nearly to the jaws of death, but are frequently followed by sudden and apparently inexplicable remissions which for a time result in notable improvement; but also by the fact that this form of anaemia unlike most of the others appears to be distinctly on the increase. At St. Luke's Hospital, for example, we have had during the past 15 years 93 cases of pernicious anaemia. Of these 21 were admitted during the first period of five years, .32 during the second period of five years, and 40 during the third period. Or, expressed in percentages of the total number of medical admissions, during the first period, .33 per cent. of the medical patients suffered from pernicious anaemia, during the second period .54 per cent., and during the third period .7 per cent., figures which are certainly remarkable.

As already indicated, the blood picture is so characteristic that the diagnosis is possible from the blood examination alone. Both red cells and hemoglobin are greatly reduced, but the average size of the red cells is increased so that the average amount of hemoglobin in each is greater than normal, and the color index is greater than 1. Extreme variations in size and shape of the red cells may be present, but this feature is not pathognomonic of pernicious anaemia as once supposed; for poikilocytosis and anisocytosis may also be seen to the same degree in secondary anaemias. The average size of the red cells is increased, however; that is, the blood is marcrocytic in type. Owing to the lessened capacity of the bone marrow, there is a decrease in the number of granular leukocytes but not of the lymphocytes, so that a relative lymphocytosis results, while the nucleated red cells show a preponderance of true megaloblasts. The number of red cells may be reduced to extreme degrees, cases being on record in which there were only about 150,000 cells to the cubic mm. and of course the hemoglobin is correspondingly low. In well marked cases a diagnosis is easily made; but great judgment is necessary if the patient is seen during a period of remission, when the blood picture may tem-

porarily lose much of its characteristic quality, and also in the fortunately rare cases of aplastic anaemia in which the bone marrow has lost its power of regeneration to such an extent that no nucleated forms appear. A feature of much interest in watching the progress of the disease and the effects of treatment, is the study of the so-called reticulated cells. These are red cells showing a curious dotting or net-work which can be demonstrated by resorting to a special method termed "vital staining." This consists in applying the staining solution to the blood, not as usual after it is dried and has been fixed on the slide, but while it is still fluid and the cells presumably are still living. The blood is then spread on a slide and examined as usual. When a dye called brilliant cresyl blue, for example, is used it is seen that some of the cells exhibit deep blue granules or twisted skeins of the same color often almost entirely filling the cell. These structures are totally different in nature from the polychromatophilic and the basophilic stippling (or granular degeneration as it is sometimes erroneously called), seen in preparations fixed in the ordinary way and stained with panchromatic dyes, and appear to be the result of precipitation of the stain in the substance of the cell. They are seen in normal blood in from ½ to 2 per cent. of the cells and are an indication of youth in the cell; so that in conditions in which there is a severe drain on the bone marrow and great quantities of cells are being manufactured, the percentage of these cells increases in proportion to the activity of the process of hematopoiesis in the bone marrow. By making systematic counts of these reticulated cells one is enabled to get a very good insight into the rate at which the bone marrow is working and to judge of the effect of the various therapeutic measures employed. For example, in six cases of pernicious anaemia, four of them treated by transfusion, lately under observation at St. Luke's Hospital regular determinations of the reticulated cells were made and it was found that in those instances in which the number of red cells increased, showing more active haematopoiesis, the reticulated cells had also gone up in a directly proportionate way; while when there was no improvement in the blood picture the reticulated cells remained stationary; and in those instances in which the patients went down hill, the curve of the reticulated cells also went progressively downward; and I believe that much valuable clinical information can be gained by watching the behaviour of these cells in all cases of anaemia.

The nature of pernicious anaemia is so obscure that the plans of treatment advocated are almost innumerable. Merely to outline the various theories that have been suggested to explain the causation of the disease would take more than the entire time at my disposal; so that I shall have to confine myself to a very hasty glance at the subject. I have already mentioned that long continued small hemorrhages may occasion a form of anaemia which in its blood picture closely simulates pernicious anaemia. A number of cases have been reported in which what was apparently true pernicious anaemia developed in connection with pregnancy, and the same thing is true of syphilis; but a still more important group of cases is that in which the patients harbor the fish tape worm or bothriocephalus latus. The anaemia in these may resemble the cryptogenetic form in every particular, blood picture, retinal hemorrhages, gastric achylia, elevations of temperature, etc., yet the patients recover when the worm has been expelled. But the conditions are far from being as simple as they seem at the first glance, for only a comparatively small proportion (about 1 per cent. according to some authors), of those infested with the worm develop anaemia, and some of those apparently cured by the expulsion of the worm suffer relapses terminating fatally. It has been suggested that the hemolytic toxin is given off only by disintegrating segments of the dead worm; but it has been found that a hemolysin of the nature of an oleic acid cholesterin ester can be isolated both from the segments of the previously dead worm and from those of the worms still living when expelled irrespective of whether their hosts had suffered from anaemia or not. Furthermore a few cases have been recorded in which the ordinary tape-worm, taenia saginata, has apparently given rise to a similar anaemia. The most plausible view is that certain persons suffer from an inherent disability of the blood-forming organs which may cause their functionating capacity to break down under the presence of certain toxic agents. These may exist in tape-worm infection, syphilis or pregnancy; or, in the majority of cases, are of some unknown nature. The ingenious etiological theories having as their basis oral sepsis, gastric achylia, intestinal auto-intoxication, the production of haemolysins by the gastro-intestinal muc-

osa, etc., must be regarded as insufficient if for no other reason because such conditions occur so frequently without the production of pernicious anaemia. None the less, as a matter of course in the treatment every possible effort must be devoted to removing so far as possible any such disturbance, and measures having this end in view should always be applied. Oral antisepsis and possibly the preparation of autogenous vaccines from the mouth, the administration of hydrochloric acid, systematic flushing of the stomach or colon, intestinal antisepsis and careful management of the dietary are all to be kept in mind as useful adjuvants. It is often advisable to study carefully the functional capacity of the intestine by resorting to Schmidt's test diet and then examining the stools in order to determine whether there is any intestinal disorder, or any special difficulty in digesting proteids or carbohydrates or any abnormality in the behavior of connective tissue. Of the drugs, arsenic is undoubtedly the one agent from which the best results are to be expected, and since it has come into general use, the course of pernicious anaemia has been modified through the more frequent occurrence of remissions. Its effect is supposed to depend largely on the fact that it damages the red cells and so indirectly stimulates the blood-forming tissues, If the marrow is aplastic, of course nothing is to be expected from the use of the drug. It may advantageously be given as Fowler's solution in doses beginning with one drop three times a day and increasing the dose a drop at a time until a maximum of ten drops has been reached, from which point one progressively diminishes the dose a drop a day until a single drop is reached, and then increases again as before unless the condition of the stomach forbids. Another very satisfactory preparation is sodium cacodylate given subcutaneously, as mentioned above. Salvarsan is warmly recommended by some clinicians, but our experience with it has not been encouraging. Indeed in one case in which it was administered at the urgent request of the patient who was a physician, it seemed to have the unmistakable effect of hastening his death. Other arsenic preparations of the same type, such as atoxyl and arsacetin although they have been used to some extent, seem to be both dangerous and ineffective. The use of iron has little theoretical or practical justification. The body already has at its disposal relatively large depots of iron and the additional amounts given remedially seem to have little of the stimulating effect on the bone marrow sometimes seen in other anaemias. The use of glycerin or cholesterin which has been warmly advocated, has not borne out the hopes originally entertained. Bone marrow, if used at all, should be in the form of the freshly extracted raw marrow, but its administration also has not been found very serviceable.

Recently several methods of treatment have come into vogue which apparently offer a more hopeful outlook than has heretofore been possible. These are, first, the introduction of human blood into the vessels or tissues; second, splenectomy; and third, the application of some form of radiotherapy. The latter are ultra modern in principle and application and I shall speak of them in a few moments in connection with the subject of leukemia; but the history of transfusion is already a long one and the procedure has come into fashion and gone out again several times. Forty years ago it was widely employed, and in the text books of that period one finds many illustrations of the apparatus to be used for the purpose. It was soon found that the animal blood which was used was dangerous and that only human blood could safely be thrown into the veins of human beings. This question settled, the point arose as to whether the blood should be whole or defibrinated, and this is still under discussion. Although some clinicians still advocate the use of defibrinated blood, owing to the greater ease of working with it, the changes that occur during the act of defibrination are not wholly understood, and we know that they include the possible formation of harmful substances. In addition it is only rational to believe that most is to be expected from blood that is as nearly as possible unaltered, so that the prevailing opinion is in favor of employing whole blood, certainly so if the injection is to be made directly into the vessels of the recipient. Encouraging results have been reported after the intramuscular injection of from 5 to 10 cc. of blood; but our experience at St. Luke's Hospital has not been in favor of this method in pernicious anaemia, though it is sometimes of service in cases of hemorrhagic disease.

More is to be expected, however, from the injection of the blood directly into the circulation of the patient, and our experience seems to indicate that it is preferable to employ small amounts, that is a few

hundred cc. at repeated intervals, rather than to trust to a single large transfusion. For this purpose it is better not to resort to the elaborate operation of vascular anastomosis which in spite of the various ingenious mechanical devices which have been designed for the purpose, still requires a high degree of technical skill on the part of the operator, and is a severe ordeal for both donor and recipient. Several methods are available by means of which the blood can be withdrawn from the donor in suitable syringes or other receptacles and injected directly into the recipient's veins before clotting occurs, and it is probable that these will be the methods of choice in the future. An essential preliminary of course is the testing of the donor's blood to determine its suitability. Diseases such as syphilis, tuberculosis and malaria must be ruled out and tests are necessary to determine that the serum and red cells of donor and recipient do not agglutinate or hemolyse each other. Properly carried out in this way it is probable that in many cases an exhausted bone marrow can be stimulated into a period of renewed activity so that the patient may regain months of comparative health; but actual cure of pernicious anaemia is not to be expected by this or any other therapeutic measure. It is particularly difficult to judge of the effects of the treatment in pernicious anaemia for the spontaneously recurring remissions in the disease, often of long duration, offer a constant temptation to ascribe undue importance to the remedial procedures in use at the time. No authentic cure of pernicious anaemia has been recorded, for in the cases of alleged recovery careful analysis of the reports shows either that the diagnosis was made on insufficient evidence or that the period of observation was too short. The longest course of the disease I have been able to find recorded is in one of Hirschfeld's cases in which the patient died 13 years after the diagnosis was made, and in another reported by Naegeli in which the patient lived ten years.

The leukemias while not strictly falling under the classification of anaemias, deserve a few words on account of the development of new plans of treatment and also because by the aid of a new staining method it has become possible to make the differentiation between the lymphatic and myeloid types with greater precision than before. As mentioned above, the leucocytes, both those found in the normal circulating blood and their prototypes occurring in the blood-forming organs, are to be divided into two groups, the granular and the lymphoid. While there is no difficulty in distinguishing between well-developed examples of either class, this is not the case with the immature forms, for these may occur in great profusion in cases of blood disease and the diagnosis of the type of leukemia may rest on their identification. It has been found that under the action of oxidizing agents two complex organic bodies, alpha naphtol and paradimethylaniline sulphate are synthesized to form a new deeply colored substance, indophenol blue. Since the cells of the granular type contain an oxidizing ferment or oxidase, while those of the lymphoid group do not, cells of the former variety will be colored blue by the stain, while those of the latter are not, and a definite distinction is possible. This is of importance because it has caused us to modify a view expressed in older text books, that acute leukemias are nearly always lymphoid in type; for it is found that many of the supposedly lymphoid cases are really myeloid, the confusion being caused by the fact that the myeloid cells present are chiefly immature, or myeloblasts, which contain few or no granules, and have therefore been erroneously regarded as large lymphocytes, and this confusion of cell types also explains the cases in which a supposed transition from one to the other form of leukemia has been described. In the light of recent work, it appears that the conventional terms of acute and chronic lymphoid and myelogenous leukemia would better be replaced by the expressions lymphoblastic and lymphoid leukemia on the one hand, and myeloblastic and myeloid leukemia on the other. For clinical purposes a still simpler grouping is advisable, namely: chronic lymphoid leukemia and chronic myeloid leukemia, the lymphoblastic and myeloblastic forms being included under the single term of "acute leukamia," for the exact distinction between the two while of much scientific interest is always difficult and is not of very great clinical significance.

The treatment of leukemia has been so largely influenced by the recent application of various forms of radiotherapy to this purpose, that a few words may well be devoted to the mode of action of the various radioactive agencies. The effect of light on the amount of hemoglobin and on the number of red cells has been made the subject of study by numerous observers, but the results have not been altogether conclusive.

Observations made on members of Polar exploration parties during months of darkness indicate that the absence of sunlight does not induce any very profound depression of the blood picture, and examination of horses that have spent periods of 10 to 20 years in mines also fails to reveal the development of any true anaemia. On the other hand, it appears that exposure to violet or ultra violet rays does cause a noteworthy increase in the number of red blood cells and elevation in amount of hemoglobin. These changes are accompanied however by an increase in the dried residue of the blood and the experiments on animals showed a rise in external temperature and fall in internal temperature; so that it is not impossible that the change is dependent chiefly on the production of a degree of concentration of the blood.

It was early found that by the application of the X-rays, it is possible to affect profoundly the haematopoetic centers. Of these the lymphoid tissues are much more susceptible, exhibiting marked degenerative changes within 24 hours after intense exposure, while the spleen and bone marrow do not show alterations until after several days. The leukocytes can by this means be greatly reduced in numbers and even forced almost to disappear, the lymphocytes as is to be expected, being the first to suffer. The red cells and hemoglobin also diminish and even the blood platelets are somewhat reduced. Jagic has published an interesting study of 10 X-ray workers who for years had been exposed in a very mild way to the rays. These all showed a reduction in the total number of leucocytes, the marrow cells, that is, the polynuclears, being the most affected, while the lymphocytes showed an increase. The red cells were not altered, but it is highly suggestive that several of the subjects subsequently developed lymphoid leukemia. The nature of this action is still undetermined, however, for while some observers consider that it is a direct one, others are of the opinion that something in the nature of a toxin is formed which results from the destruction of the cells immediately subjected to the rays and then reaches other more remote regions. This appears to be borne out by the fact that often an improvement in the general character of the blood picture results, which cannot be explained simply on the basis of the destruction of cells, and which some observers interpret as the result of a restraining influence on the formation of abnormal cells. A still more hopeful outlook in regard to the application of radiation as a therapeutic measure has become possible since the introduction of such agents as radium, radium emanations, thorium, mesothorium, thorium x and actinium. These substances are closely allied to the X-ray in their action, but possess the great advantage that they can be applied in a variety of ways not only by direct radiation, but also in the form of emanations, intravenously, subcutaneously, by the mouth or by inhalation, and that methods have been developed by means of which their dosage can readily be controlled.

It has been found that small doses of these various radio-active substances produce an increase in the red blood cells and leukocytes and in the coagulability of the blood. The lymphocytes particularly, are increased in number, but it is not clear whether any definite anatomical change is produced in the blood-forming centers. Temporary improvement in the case of pernicious anaemia has been reported when these agents were employed in this mildly stimulating manner. Larger doses on the contrary, instead of acting as a stimulant exert a distinctly destructive effect. The leukocytes are greatly reduced, the lymphocytes suffering most, but the red cells are more resistant, and coagulation time is prolonged. These facts have been utilized in the treatment of leukemia, in many instances with great improvement, and in some with return of the distorted leukocyte picture to the normal and reduction in size of the enlarged spleen. It is evident that the blood-forming centers are profoundly influenced, but there is a difference of opinion among observers as to whether it is the marrow tissue or the lymphatic structures and spleen which are most susceptible.

What is perhaps a still more promising chapter in the treatment of leukemia has been opened since the discovery of the fact that the internal administration of benzol causes a decrease in the number of white blood cells, and reports are now available relative to a great number of cases treated in this way. The dosage originally recommended was chemically pure benzol and olive oil, of each 0.5 gm. in capsules. Of these on the first day four are given with meals; on the second day, six; on the third day, eight, and on the fourth and following days, ten. In view of the toxic qualities of the drug, it seems better, however, not to push its administration so rapidly and we have not given more than four or five capsules a day. Some persons are particularly

susceptible to its action and the prompt onset of gastric disturbances, diarrhea or albuminuria may make it necessary to abandon the treatment. The action of the remedy is cumulative, so that it should be discontinued some time before the number of white cells has been reduced to the normal. The following case treated at St. Luke's Hospital shows very well the effect of benzol. The patient was a man of 43, who for a year had noticed a gradual swelling of the glands of the neck and finally applied for treatment on this account. His blood on admission Feb. 14, 1913, showed 5,300,000 red cells and hemoglobin of 80%; white cells, 180,000 and of these the lymphocytes were 96%. He was at once put on benzol 2 grams daily, later increased to 2½ grams. On Feb. 17th, his whites were 270,000; on the 18th, 288,000; but then they dropped rapidly so that nine days later they were only 23,000 and the benzol was stopped on March 2nd. On March 20th they were 7,200 with 86% of lymphocytes, 12% of polynuclears, 2% of eosinophiles; the red blood cells at this time were 4,480,000 and the hemoglobin was 70%. The patient was then discharged feeling well and with lymph nodes and spleen distinctly smaller than when he entered. He has been kept under observation and is still well, an occasional treatment for a few days with benzol sufficing to keep his leukocytes within normal limits. The preliminary rise in the whites immediately following the beginning of the treatment is quite characteristic and indicates a profound effect of the drug on the bone marrow which later manifests itself by the destruction of the white cells both normal and pathological. That there is danger of allowing the action to go too far is shown by one reported case in which the leucocytes finally fell to 200 per cubic mm. and death ensued.

Some observers believe that small doses stimulate the action of the red cells, and use the drug in pernicious anaemia; but it is generally considered that there is always danger of causing anaemia and it is recommended that arsenic be given with it to guard against this contingency. A point to bear in mind is that owing to the very volatile nature of benzol the capsules if not carefully made rapidly lose their strength and no great supply should be prepared at a time. With intelligent patients it is often better to give them some empty capsules, a medicine dropper and a mixture of oil and benzol in a well stoppered bottle, with directions as to the number of drops to be placed in each capsule just before taking. Very recently admirable results have been reported by a combination of careful benzol treatment with radio-therapy.

The enlarged leukemic spleen early offered a tempting mark to the surgeon and many such have been removed; but splenectomy for this condition has been universally abandoned for the result is practically always the prompt demise of the patient. Recently, however, the operation has been performed in a considerable variety of other blood conditions with beneficial results. Septic anaemia, Banti's disease, cirrhosis of the liver with severe anaemia, and even pernicious anaemia appear to have been much benefited by splenectomy. The exact relation of the spleen to blood formation and destruction and to the metabolism of iron is still far from clear; but it appears that the removal of the organ does exert a stimulating effect on the bone marrow and some of the splenectomies reported have been followed by a true polycythemia. There is evidence in favor of the view that in some cases the spleen acts as a strongly haemolytic agent and its removal is beneficial on this account. It also appears as the result of experimental work that on removing the spleen the body to some extent at least loses the power to retain iron and it is therefore advisable to administer a sufficient amount of this element to compensate for the disturbance of normal iron metabolism so produced. While more clinical evidence is necessary before coming to a conclusion in regard to so important a question, it does seem that the removal of the spleen may under some conditions act as a real stimulus to blood regeneration, and that the operation is justifiable in cases of pernicious anaemia taken sufficiently early to make the operative prognosis a good one.

In one other condition, however, there is no doubt whatever as to the value of splenectomy, and that is the curious disease known as haemolytic jaundice. Owing to the fact that a considerable proportion of the patients suffer a minimum of discomfort, many cases have been overlooked in the past; but the diagnosis can now be made with ease and certainty. It occurs either as a congenital or acquired affection and frequently is seen in several members of the same family. In milder cases the only symptoms may be a slight icteric hue to the skin often accompanied by occasional exacerbations with more or less prostration, deepening of the jaundice, and elevation of temperature; so that the patients may live

long lives with little or no real disability. In other cases the anaemia is severe and the attacks are frequent and prostrating, together with pain in the enlarged spleen or liver, or finally, in some instances the blood picture is that of the severest anaemia and the patients die as a direct result of this. The red blood cells exhibit two very striking characteristics which are pathognomonic of the diseace. In the first place their resistance to the effect of hypotonic salt solution is much diminished, or to adopt the term introduced by French clinicians, their "fragility" is greater than normal. Whereas the washed red cells of healthy persons when added to salt solutions successively diminishing in concentration do not begin to haemolyse until the strength of 0.42% is reached and are not completely dissolved until the salt content has been reduced to 0.35%, in this condition haemolysis may begin at a concentration of over 0.6% and be complete at 0.55%. In ordinary jaundice, however, the resistance of the cells is increased and haemolysis may not begin until a concentration of 0.30-25 is reached. Furthermore when stained by the method of vital staining referred to above in speaking of blood regeneration in pernicious anaemia, from 15 to 30% or even more of the cells will be found to contain the reticulation characteristic of active blood destruction. In other words, there appears to be no defect in the organs of blood manufacture as far as quantity is concerned, but the cells are deficient in resistance and probably are haemolysed in the spleen in undue numbers. Many instances of cure following splenectomy in these cases have been reported.

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DISCUSSION.

DR. W. B. MOUNT asked if it was necessary to find nucleated red cells in order to make a diagnosis of pernicious anaemia. and cited a case in which one normoblast had been the only nucleated red cell seen in many examinations. He remarked that the Sahli haemoglobinometer reads low, 10% for men and 20% for women.

DR. JAMES T. HANAN emphasized the importance of the color index but he had been using the Talquist scale in spite of its 5% error He had found freshly made Blaud's pills efficient where iron was indicated. He mentioned a preparation of 606 put up in capsules with cocoa butter by Hynson, Westcott & Co., of Baltimore. to be given once a week. On query the 26 members present had had seven cases of pernicious anaemia in the past five years, of whom all but one had died.

DR. JOHN D. MOORE asked how one could tell whether the total blood volume is deficient or excessive.

DR. WILLIAM W. WILSON cited a case where the diagnosis of pernicious anaemia had been made by a haematologist and one dose of salvarsan had been given. This made him very sick. His liver was very large, there was marked general anasarca, marked anaemia. Improvement had been slow, the dropsy diminishing and the liver growing smaller. Lycopodium was given. The heart and kidneys were normal.

DR. KARL M. VOGEL said that the diagnosis of pernicious anaemia was difficult on account of the remissions when the blood is almost normal and every resource may have to be used. Then it is necessary to measure the diameter of the red blood cells with an Abbe camera lucida. If the average diameter is grerter than 9 microns there is presumptive evidence of pernicious anaemia. It is a mooted point whether or not megaloblasts must be present. In the aplastic cases there are no nucleated cells, as the bone marrow is overwhelmed. The great effect of Fowler's solution is in producing more frequent remissions. The Talquist scale is sufficient for ordinary purposes, having an error of only 5%, but is best not to use it in estimating the color index. The Dare is a good instrument. The Sahli tube does not fade so rapidly in the new instruments and can be renewed for a small cost; it is good by daylight or by artificial light, an advantage over Dare. Transfusion is not a cure for pernicious anaemia (except in syphilis, pregnancy, or tapeworm), but it inaugurates a remission longer than the spontaneous remissions, and is well worth trying. The Lindermann method requires three (or at least two) glass syringes and three assistants, of whom (1) draws out the blood, (2) gets it into the recipient's vein, and (3) washes out the syringes with salt solution, returns them to (1). Lindermann's canulas are of three sizes in nests, the smallest entering the vein first and then the next, so that it is easy to enter a small vein. These canulas are coated with liquid albolene on the inside to prevent clotting. The syringes used are the glass Record syringes, and are not coated with albolene Banti's disease according to Banti's theory is caused by a toxic substance excreted by the splenic vein which is sclerosed. But the portal vein is also often sclerosed. In this disease splenectomy is helpful and is indicated. For determining the total quantity of the blood there is no practical clinical test, the method being too complicated for any but experimental purposes.

To improve the golden moment of opportunity and catch the good that is within our reach is the great art of life.—Samuel Johnson.

Do not keep the alabaster boxes of your love and tenderness sealed up until your friends are dead. Fill their lives with sweetness. Speak approving, cheering words while their ears can hear them and while their hearts can be thrilled by them.—Henry Ward Beecher.

The heaviest cross is light if borne in meekness and trust; the lightest cross crushes one if the heart is heavy and sore with pride. Sufferings must come—it is the course of nature—but they do not necessarily cause misery.—Mozoomdar.

GASTRIC ULCER.*

By John M. Cassidy, M. D.,
Jersey City, N. J.

The subject of Gastric Ulcer is a very interesting and a very important one when we consider that it is often passed unrecognized, not only by the average physician and surgeon, but even by the foremost internist and surgeon. You will probably realize the importance of the subject when I tell you that Cabot claims that only about one-third (1-3) of the cases of gastric ulcer are correctly diagnosed. At this time it is not my intention to deal with the diagnosis or any of the clinical aspects of gastric ulcer. I wish however to call your attention to its treatment with Fels Bovis.

This method of treatment you will find described in an article by Francis W. Palfrey in the American Journal of the Medical Sciences (June, 1913, Vol. CXLV, No. 6). After reading this article, I had occasion to treat several patients suffering with some digestive disturbance, the exact nature of which I did not know owing to the indefiniteness of the symptoms. In four of these cases I tried fels bovis, more empirically than rationally, and was surprised to note that most of them showed improvement. While the author of the above article sees a physiological basis for his treatment, it seems to me in view of current literature that there is a broader physiological basis than he actually realizes.

My patient here has suffered with symptoms which are undoubtedly those of gastric ulcer. The present illness, to her knowledge has existed for the past six months. During this time her chief complaints have been: belching of gas, sour stomach and pain. The pain came on at a definite period, one to two hours after eating and was gnawing in character. The pain was felt both posteriorly beneath the angle of the scapula and anteriorly in the epigastrium and radiated around the left ribs between these two points. The pain was relieved by eating and when questioned she will tell you that when she went out to the theatre, etc., she always carried a small package of crackers with her. This patient has taken rhubarb and soda mixture by the bucketful, has taken soda in immense quantities and has resorted to every patented medicine recommended to her, all without anything but temporary relief. I started her on treatment with fels bovis on December 24th, and she herself is willing to tell you the relief afforded by this treatment. I have been using a 2-grain fels bovis purificatum enteric coated pill. In this patient's case, I have given her two pills three times a day. I do not claim that this is a cure-all for gastric ulcer, for the therapeutic value of any drug is hard to prove and the fifty cases of the above mentioned author and the few of my own is not sufficient evidence upon which to base a definite conclusion. The basis of treatment, in view of an unknown etiology, seems to answer for so many of the conditions present in a gastric ulcer, that I desired to bring the subject before you to-night in order that more evidence may be gathered as to the value of this method of treatment.

Palfrey in his article says: "Many patients are conscious that vomiting will give relief and induce it for that purpose; but more, while no less conscious that evacuation of the stomach is to be wished for, simply endure the distress as best they can until the meal has passed through the pylorus. The association in the mind of the intelligent dyspeptic between an empty stomach and relief is an invariable one. Can we not therefore take the hint and consider whether the cause of the symptoms may not be a disorder of the normal function by which the stomach discharges its acid contents into the duodenum through the pylorus?"

In the process of digestion, free acid in the stomach is a signal for the opening of the pylorus and the ejection of acid chyme into the duodenum; free acid in the duodenum is the signal for the closure of the pylorus. Thus the proper relationship between the amount of acid in the stomach and the amount of the alkali in the duodenum is necessary for the proper maintenance of digestion. An excess of acid or a deficiency of alkali will disturb the equilibrium.

In the case of gastric ulcer, there are three conditions which will disturb the periodic opening of the pylorus: I, Hypersecretion, II Hyperchloridia, and III Diseases of the Alimentary Canal beyond the stomach. I will pass over the cases of hypersecretion and hyperchloridia by saying that in these cases it will require more neutralizing power in the duodenum to maintain the equilibrium. By the use of fels bovis we are able to increase the amount of bile in the duodenum and, consequently, the increase in the amount of bile will take care of the excess of acid.

*Read before the Hudson County Medical Society, February 3, 1914.

In every case of gastric ulcer, however, we are not confronted with either a hypersecretion or a hyperchloridia. In fact, in many cases the amount of acid is normal or only slightly increased. In view of recent investigations, it would appear that the equilibrium can be disturbed not only on the gastric but also on the duodenal side of the pylorus. It seems quite plausible that in these cases there may be a deficiency in the amount of bile secreted into the duodenum for the number of cases of gastric ulcer associated with disease of the alimentary tract beyond the stomach is quite large. In support of this, I beg to quote the following report by the Gastro-enterologist of the Mayo Clinic:

OPERATIVE FINDINGS: EXTRA-GASTRIC LESIONS DEMONSTRATED UPON LAPAROTOMY.

Appendix: In 49 instances (35 per cent.) sufficiently marked evidences of disease were found in the appendix as to warrant its removal. It has already been stated that 8.5% of the cases in this series had had appendectomy before coming to the Clinic. The combined figures 43.5% indicate that more than two-fifths of all patients of this group had appendix alterations. The observation is sufficiently striking to warrant emphasis from at least three points. 1. The etiologic relation between appendix alterations and coincident or subsequent changes in the stomach wall; 2. the prognostic limitations respecting normal gastro-intestinal function following appendectomy; 3. the advisability of careful anamnesis and upper abdominal examination of individuals whose only ailment, symptomatically, appears to be located in the right lower quadrant.

Gall-bladder: Operatively, cholecystitis and cholelithiasis were demonstrated in 21 (15%) individuals. Previous to entering the Clinic, 7.8% of the patients in this series had already had operations for gallstones or cholecystitis. The combined statistics indicate that 22.8% had alterations in the gall tract, apart from gastric pathology. Combining the figures from obervations upon the appendix and gall-bladder it is seen that nearly 2-3 (66.2%) of the cases in this report had associated with definitely proved gastric disease, anomalies of these divisions of the digestive mechanism. In addition to the above, Lane Kink was found twice, carcinoma of the gall tract once, and pancreatitis four times (2.8%).

To recapitulate: The symptoms of gastric ulcer are probably due to some disturbance at the pylorus whereby its function of opening and closing is deranged. Too much acid on the gastric side or too little alkali on the duodenal side will disturb the periodic opening of the pylorus. Too much acid is often demonstrated in a gastric ulcer. From the number of cases with extra-gastric lesions it would seem that there is a deficiency of alkali to neutralize even a normal amount of acid. Fels bovis increases the amount of bile and thereby corrects theoretically the above mentioned conditions.

THE SERO-SALVARSAN TREATMENT OF PARESIS AND LOCOMOTOR ATAXIA.*

By Otto Lowy, M. D.
Newark, N. J.

Mr. President and Gentlemen:

In bringing this subject to your attention I wish it to be distinctly understood that I claim no originality for anything which I may say this evening. The Sero-Salvarsan treatment in paresis and locomotor ataxia was originally tried by Swift and Ellis of the Rockefeller Institute in 1912.

With the advent of Salvarsan the hopes of Neurologists and others regarding a cure for locomotor ataxia and paresis, which were then considered para-syphilitic diseases, were raised high. But upon trying the Salvarsan treatment, it was discovered in cases of paresis that in the beginning of the treatment there was some slight improvement; but thereafter the patient rapidly became worse, usually dying as a result of the Salvarsan treatment, so that Salvarsan had to be discarded as a treatment in paresis. In locomotor ataxia our results were slightly more encouraging. It was then discovered that by administering Salvarsan either intravenously or intramuscularly none of the arsenic was found in the spinal fluid; which showed that the Salvarsan did not penetrate into the cerebrospinal system and in that, of course, the value of Salvarsan was lost as far as its action upon spirochetes in the brain were concerned. *Swift and Ellis then attempted to treat a number of cases by intraspinous injections of Salvarsan. But these experiments proved so dangerous that they were discontinued.* The next step was the intravenous injection of Salvarsan into the patient and utilizing the Salvarsanized

*Read before the Newark Medical League, February, 1914.

serum of the patient for intraspinous injections. This, briefly, is a historical resume of the treatment. That you may properly understand the treatment I will give you a brief outline of the anatomy and psysiology of the meninges of the brain, spinal cord, and spinal fluid.

The cerebrospinal fluid is a perfectly clear fluid. The amounts vary between sixty and eighty cc. in a normal adult. It possesses few cellular elements, usually not more than five to ten cells per cubic millimetre. Polymorphoneuclear cells are never found in normal cerebrospinal fluid.

It occupies the ventricles and the subarachnoid spaces of the brain and spinal cord. All of these are contiguous to each other, so that normally there is free communication throughout. The chief passages between the ventricles and subarachnoid spaces are the foramen Magendie at the apex of the fourth ventricle, and the foramina of Luschka at the external recesses of the same ventricle. The spinal subarachnoid is a relatively large space and forms a sac round the cauda equina where it can be conveniently punctured and its fluid evacuated by the usual method of lumbar puncture. On the surface of the brain the arachnoid does not follow the exact outline of the surface but bridges over, forming the cisterna which are filled with cerebrospinal fluid. A spongy reticulum of the areolar connective tissue covered by endothelium separates the arachnoids from the pia mater so that the fluid fills these like the meshes of a sponge. This reticulum is continuous with the perivascular lymphatic sheaths and, therefore, continuous with the subarachnoid space or may be said to open into it.

The secretion of the cerebrospinal fluid is chiefly affected through the agency of the venous choroid plexus. It is not unlikely that the blood vessels of the meninges also play a part in its production. In addition to its serving as a lubricating fluid, the spinal fluid maintains at a constant level, the intracranial pressure, which tends to vary with the cardiac action, respiratory rhythm, and changes in the position of the body. It also acts as a cushion so that the brain as well as the spinal cord may be said to rest on a water bath or bag. *Inasmuch as the specific gravity of the blood is greater than the specific gravity of the cerebrospinal fluid and the intracerebro-venous pressure, the osmotic changes take place from the cerebrospinal fluid into the venous system. This accounts for the fact that the Salvarsan is not taken up by the cerebrospinal fluid.*

By injecting ink into the subarachnoid space of animals and following the movements of the particles, Sicard has been able to demonstrate the existence of a circulation in the cerebrospinal fluid. Within from two to four hours after the injection of the ink in the lumbar region the particles had reached the occipito-atloid region. Somewhat later the base of the brain in the region of the peduncles and still later the lateral ventricles were reached. No ink was present in the cerebral cortex until twelve and fourteen hours after the injection. By an injection into the occipito-atloid region the base of the brain was reached in half an hour. The cerebral cortex was attained at a much later period. Injected into the intracranial arachnoid, the particles of ink remained in situ from ten to twelve hours. Sicard found that the substances in solution in the cerebral fluid were removed by osmosis while the solid particles in suspension were removed by leucocytic diapedesis.

When Noguchi and Moore demonstrated the spirochetes in the brains of paretics, Fournier's dictum, that all cases of paresis and locomotor ataxia were caused by syphilis was vindicated. F. W. Mott of London showed that in sixty cases of the juvenile form of general paresis he found evidence of congenital syphilis either in the family or signs on the body of the patient in nearly every instance and in not one could it be excluded. In the juvenile form the sexes are equally affected. He also showed that Fournier was right in asserting that tabes and general paresis were one and the same disease affecting different parts of the nervous system, for he collected seventy cases of tabo-paresis and found that some began as tabes and ended in general paresis, while again in others it began with optic tabes and ended in spinal tabes or tabo-paresis. About ten per cent. of cases of tabes ended in tabo-paresis. Aside from Noguchi's demonstration, the most convincing proof of the syphilitic nature of general paresis was Krafft-Ebings inoculation of nine paretics with no history and no signs on the body, none of whom were capable of being reinfected.

Marie, Levaditi and Bauchowski have shown in a recent publication that in cases of paresis with epileptiform sezures a guide will be obtained of the foci of spirochetes in the neighborhood in that portion of the motor area affected.

The treatment with Sero-Salvarsan as I am using it, consists first in giving an intravenous injection of Salvarsan to the patient. One hour after the injection I withdraw from thirty to forty cc. of the patient's blood into a sterile centrifuge tube. I then centrifugilize the blood and separate the serum from the clot. The serum must be perfectly clear and must not contain any haemoglobin. The serum is then inactivated for one-half hour at a temperature of fifty-five degrees centigrade. This is supposed to activate the Salvarsan and at the same time destroy any of the lipoid substances as well as the complement which is present in all sera. I then dilute the serum with normal saline solution in proportion of forty per cent. of serum and sixty per cent. saline. The idea is to bring the serum as near as possible to the specific gravity of cerebrospinal fluid. If the patient has had one injection of Salvarsan and shows no reaction I do not wait until the next day before injecting the Salvarsanized serum; but should the patient show a reaction it is safer to wait until the next day before continuing treatment. Then an intraspinous injection is made through a lumbar puncture.

Lumbar puncture is performed by placing the patient upon the side and flexing the thighs upon the abdomen and bending the head forward as far as possible, then by drawing a line from the highest point of the crest of the ilia we cross directly between the third and fourth lumbar vertebrae. This is the best place for performing the lumbar puncture as there the cul-de-sac is the largest, and there is least danger of injuring any of the nerves or plexuses. After sterilizing and anesthetising the region and locating the interspace I introduce my needle midway between the two spines, one-quarter of an inch outside the median line and by passing the needle inward, upward and forward I get directly into the subarachnoid space, when the fluid will appear. Sometimes, but very rarely. the fluid will not appear and that is then caused either by a so-called dry tap which is due to some occlusion of the foramen Magendie, as I have pointed out before, or due to the fact that the membrane has not been punctured by the needle but has been pushed forward. This has occurred to me on two occasions. In doing a lumbar puncture, care must be taken not to withdraw too much fluid at one time nor to withdraw it too suddenly. To avoid the withdrawal of fluid too suddenly, I use an exceptionally fine bore needle and never withdraw more than twenty cc. of the spinal fluid. Having withdrawn a sufficient amount of the fluid I then inject from ten to twenty cc. of Salvarsanized serum, using for this purpose a luer glass syringe. Care must be taken at this time not to inject it too suddenly. After the injection, the patient must remain quiet on his back for at least twenty-four hours. It is advisable to have a nurse in constant attendance for at least two hours after the intraspinous injection for sometimes, as the result of disturbance of the intracranial pressure, paralysis of respiration occurs and vigorous artificial respiration must be resorted to. In cases where I consider the intravenous Salvarsan injection as contraindicated I have found it advisable to use the serum obtained from other patients for intraspinous injections.

In some cases I have found, with the exception of a slight headache which lasted for a day or two, no reaction. In others again there were severe meningeal reactions manifesting themselves by headaches and chills which lasted several days, in one case three weeks.

The question was raised: How it was possible to accomplish any good by the introduction of such a small amount of Salvarsan which we are of necessity compelled to use. In reply I will say that there are very few spirochetes in that portion of the brain or spinal cord and, furthermore, Ehrlich has shown that it is not the quantity of the Salvarsan but its introduction to where the spirochetes are found that is of value. Therefore, by using the intraspinous injection of Sero-Salvarsan we are introducing either the Salvarsan in a modified form or antibodies which have been produced by the Salvarsan into the spinal canal and so we get the spirillo-tropic action which otherwise would be lost.

Of all the patients whom I have treated I have been enabled to prevail upon but two of them to come here this evening and inasmuch as they are patients of Dr. Gale I shall ask him to report upon them.

In conclusion I will say that all of my cases, with the exception of one, have been improved by this treatment.

CONCLUSIONS:

First. In checking up the effect of the treatment, dependence should not be placed upon the patient's condition only, but also upon the Wassermann test of the blood, the Wassermann reaction of the spinal fluid, the globulin test and cell count.

Second. Inasmuch as the treatment is recent, we are unable to promise any cure, but we do know that the majority of the cases have been benefited.

Third. So far no fatal cases have been reported as the result of this treatment.

Fourth. Where there is occlusion of the foramen Magendie and Luschka and a dry tap is the result, it might be advisable to trephine the skull and introduce the serum into the subarachnoid space of the brain.

Sixth. Inasmuch as all cases of paresis and locomotor ataxia lead to but one end, we are justified in taking any chance which gives hope of relief.

DISCUSSION.

Dr. George B. Gale, Newark, N. J.—It has been practically proven that paresis is due solely to syphilitic infection. So no discussion upon this point need be entered into. In all the cases that have come under my observation in the past five years, either a direct history has been obtainable, or blood tests have proven the infection to have been present.

The failure of our time-honored anti-syphilitic agents, mercury and iodide, to combat affections of the brain and nervous system, has also occurred in the newer remedy—Salvarsan. There seems to be some light shed upon the reason for these failures, in the recently discovered fact that the Robin-Virchow lymph spaces become filled by a neoplasm soon after the spirochetes invade the brain, thereby as effectually protecting them as are the soldiers in a modern fortress, or were the warriors of old, ensconced in their castles which were surrounded by moats and drawbridges.

Even with these avenues closed, however, nutriment must be and is supplied to the parts rendered inaccessible by the occlusion of these spaces, otherwise speedy necrosis would surely take place.

The laboratory has proven that remedial agents introduced through the ordinary channels do not appear in the cerebro-spinal fluid. The direct injection of Salvarsan into the spinal canal has proven too dangerous a procedure to follow generally. The Sero-Salvarsan, that is, the serum charged with Salvarsan as described by Dr. Lowy, can be safely administered and there is ground for the firm belief that we are moving in the right direction in so employing it.

By attacking the disease through the medium of the cerebro-spinal fluid we are assailing the enemy's castle, as it were, from the rear. Too much credit cannot be given to the army of workers who have made possible the present-day comparative ease with which syphilis is recognized and handled and we should bow our heads to those patients who have gone down prematurely in the experimental stage.

The end justifies the means. It will be remembered that when Port Arthur was taken it was necessary for the invading forces to cross a trench some twenty feet wide and twenty feet deep under heavy fire from the fort and that the besiegers marched up to and into the trench, filling it with living human beings, and that the survivors marched across that mass of humanity to victory. The goal attained by this unprecedented bravery justified the sacrifice, and any sacrifice suffered by those who have fallen in this march toward victory over, perhaps the most terrible of all foes to mankind, have achieved martyrdom.

If, by this modern application of a modern discovery we are able to bring back those unfortunates suffering with paresis and locomotor-ataxia, the achievement will mean more to humanity than does the many other discoveries—the various uses of electricity—Rontgen Ray, radium, etc. In no case are we discovering anything new. It is all contained in the vast storehouses of the Creator and awaits the development of man's cunning in opening the doors.

In exhibiting the two cases which I am about to introduce I am not claiming complete recoveries. I don't know what the future will bring forth. We must bear in mind that marked remissions are the rule in paresis. These may be cases of remissions, although they seem to present a somewhat different picture than the usual.

The question naturally arises, and is often asked, if it is possible for cases of paresis, presenting positive evidence of destruction of brain tissue, to ever again become normal. I believe this is possible and base this belief upon these very remissions. We often see cases that have remained absolutely helpless for long periods again and again return to nearly, if not quite, normal conditions. This certainly indicates that normal functionating powers have been restored to the parts already affected, which is unlikely, or that new centers have taken up the work of those parts which have been destroyed, which is probable. The ensuing retrogression may indicate the involvement of the newly formed functioning areas.

The natural conclusion, with this theory in mind, is that if the syphilitic action can be entirely eliminated, new centers will take up the work and, because of the elimination of the infection, remain permanently in control.

It must be borne in mind that up to the present time paresis has been an absolutely fatal disease, running an average course of about three years. Those lingering longer usually present a pitiable picture and live useless lives. Therefore, we are justified in attempting any treatment that offers the slightest hope for improvement.

Before closing this discussion I would strongly urge in all nervous and mental conditions with obscure history and unusual and non-classical symptoms that a Wasserman test of both the blood and spinal fluid be made.

CASE NO. I.

Name—J. H.; Age—Thirty-six years; Occupation—Shoe dealer.

Date of Admission—He was admitted to Bancroft Sanitarium on December 26, 1912.

Family History—Father died at age of sixty-five of "kidney trouble." One brother committed suicide. Maternal grandmother died in State Hospital for the Insane.

Previous and Present History.—Had ordinary childhood diseases; had chancre at age of twenty-five. Claims to have been cured in five weeks, after which time no further treatment was carried out. About one year before admission to the Bancroft it was noticed by his family that he acted differently than previously and he was suspected of drinking. He became very excitable and suspicious of his wife's fidelity and complained that she treated him meanly.

He gradually became more and more self-important and had violet outbreaks of temper. About four weeks before admission to the Bancroft he returned to his home and experienced some difficulty in placing the key in the door. He became immediately suspicious that his wife had plugged the keyhole and was entertaining another man. He thereupon smashed the glass in a window, severely cutting his right wrist, and entered his home through the window.

Serological examination showed a * * * * Wasserman reaction and positive Noguchi reaction. He was first treated by intra-mucular injections of Salvarsan and later with intra-venous injections of the same, together with intra-muscular injections of salicylate of mercury and potassium iodide by mouth. Throughout all this time he received massage and hydro-therapeutic treatment. Notwithstanding all this treatment he steadily deteriorated, many times being in an entirely helpless state and with remissions, but never returning to any semblance of the normal.

On January 10th last he was given an intravenous injection of Salvarsan and an intraspinal injection of auto-sero-salvarsan. Three or four hours after this treatment he experienced a chill and brightened up perceptibly. At the time of this treatment the patient had complete aphasia, entire loss of control of spincters and deglutition. About twelve hours later deglutition was normal, the drooling was discontinued and he was able to swallow his food. Improvement in his general condition occurred and on January 24th another sero-salvarsan injection was administered, intra-spinously. This treatment was followed by a rise in temperature and some excitement, undoubtedly due to anaphylaxis, about two hours after treatment. Improvement followed within ten or twelve hours in speech and locomotion and steady improvement has taken place up to the present moment.

The difference between this and the other remissions experienced by this patient is marked by the rapidity with which the different functions have been mastered. After this treatment the patient was able to walk about on the grounds; the incontinence of urine was almost entirely overcome and that of the feces greatly improved. In his former remissions these functions were much more delayed. In his former remissions he was unable to write his name, which at the present time he can do, but the excitement of this congregation is somewhat exciting to him and he only succeeds in writing his first name, while before leaving The Bancroft, a few hours ago, he was able to write his full name. At the time of the first auto-sero-salvarsan injection he was unable to take food in the ordinary manner. He now eats normally, masticating his food properly and taking a proper amount.

In the next case, Mr. J. F., age thirty-five years, nativity United States; married with one child, presents a history of having received an initial infection ten years ago; was under antisyphilitic treatment about two and a half years, never having developed anything beyond the initial sore.

About a year ago, while employed in a clerical position, he developed exaggerated ego and attempted to impress his employer that he knew more about running the business than did the employer, consequently losing his position. He has been unemployed since; has exhibited the characteristic halting speech and self-importance of paretics. During the last three months he has had seven intra-venous injections of Salvarsan, to the last three of which have been added the intra-spinous injection of auto-sero-salvarsan. The condition in which you see the patient at this time is vastly improved and, while his speech is still halting, he shows evidences of return to the normal. He appreciates the fact that he is improving and evinces the wish to obtain employment. Treatment will be continued along the same lines that have been previously followed and we hope for permanent results.

NITROUS OXID AND OXYGEN IN PROLONGED ANESTHESIA.*

By CHARLES B. KELLEY, M. D.,
Jersey City, N. J.

The science of anesthesia was born in 1844, when Nitrous Oxid Gas was first used for its pain relieving qualities. Ether soon followed and then came chloroform, and since then many changes have been made. Large numbers of novel methods for administering anesthetics have been presented to the profession. Local anesthetics have been used in the spinal canal, in and around the tissues in the region of the operation and in the nerve trunks; and of late years the pendulum has swung back to the gas that first made anesthesia possible, but it is now combined with definite proportions of oxygen. The surgeon therefore might easily become embarrassed in trying to make a choice from the numerous methods at his disposal.

It is generally conceded that all anesthetics are more or less dangerous and the shorter the operation and the anesthesia, the better it is for the patient. Every effort that is consistent with good and thorough work should be made to increase the safety of the adminstration; therefore, let us consider the advantages and disadvantages carefully of the three anesthetics which are now in general use, namely; chloroform, ether and nitrous oxid and oxygen.

Chloroform and ether have many points in common and for this reason they can be discussed together. Some of the following has been extracted from an article by Dr. Clifford Collins, of Illinois.

Advantages: 1st. A comparatively small amount is required to produce anesthesia. The convenience and ease with which they may be carried and transported appeals to the general practitioner. 2nd. They are

*Read before the Hudson County Medical Society, January 6, 1914.

not expensive and require a simple apparatus for administration. 3rd. They produce great relaxation of the muscles. 4th. Both are convenient in obstetrical work and when given properly seem to be safe agents in this class of cases.

Disadvantages.

1st. Both drugs are dangerous and have a recognized mortality. This is particularly true of chloroform and Hare states its mortality as 1 in 3,100 cases. Chloroform exerts a harmful action on the heart and the sudden deaths during its administration are usually due to cardiac depression. Ether is a decided irritant to the respiratory and urinary organs. Both drugs have caused acute fatty degeneration of the liver cells followed subsequently by death.

2nd. Subsequent administrations at frequent intervals are relatively a great deal more dangerous.

3rd. Both drugs produce a shock and depression of their own. Every physician is familiar with the cases of traumatic surgery and prolonged operations, such as hysterectomies, where the shock of the operation has been greatly aggravated by the shock of the anesthetic.

4th. Chloroform has a sickening, sweet odor, that many patients dislike while ether has a disagreeable, pungent smell, repulsive to all patients.

5th. There is a *distinct danger of post operative pneumonia.*

6th. An administration of either chloroform or ether is nearly always followed by protracted vomiting, lasting from 24 to 48 hours, or even longer.

7th. An additional disadvantage is the deleterious influence on the Leucocytes, which is particularly harmful to patients with infections. In a close risk in cases of acute infection the impairment of immunity by ether without any operative procedure might easily dispatch the patient.

8th. As a final disadvantage may be mentioned the mucus that accompanies ether anesthesia. This is often a troublesome feature and particularly so in tonsil and adenoid work.

NITROUS OXID AND OXYGEN.

Advantages.

1st. The time-saving advantage deserves more than pasing notice, as having a patient ready for the incision within two to five minutes, instead of waiting anywhere from 15 minutes to half an hour, as with ether, is surely commendable.

2nd. It is odorless and the patient is not aware so far as the sense of smell is concerned, that he is taking an anesthetic, therefore sleep is produced quietly and easily, the so-called stage of excitement being avoided.

3rd. It produces no shock of itself and the total amount of shock from the operation is much less under N2 O and O than under ether. The blood pressure is also raised, while under ether, the primary rise in pressure gives way to a lowered pressure, if the anesthetic is prolonged. Dr. George W. Crile claims that there is only one quarter of the shock from the same amount of trauma under gas anesthesia as there is under ether. Anyone in good health, who will allow himself to be anesthetized with ether for ten minutes some morning, will not be able to do much the remainder of the day; yet anyone can be attendng to business ten minutes after a N2 O and O administration of an equal length of time, feeling prefectly well.

4th. It does not produce any harmful action on the leucocytes; therefore its use is indicated in infections. Clinically, N2 O and O is the choice of Murphy and Crile in suppurative peritonitis and infectious diseases.

5th. Its danger is not increased by frequent, subsequent administrations. It was pointed out several years ago that a second anesthetic of chloroform or ether within two or three days, carried with it about twice as much danger. Men who have been using N2 O and O extensively, claim that this danger is not true when these gases are used, and point out that they often administer gas and oxygen when a gauze drain is to be removed. This latter is often at the patient's request, and it is pretty safe to say, no such request was ever made when ether had been the anesthetic.

6th. *Post-Operative Pneumonia is an unknown foe.*

7th. N2 O and O checks the secretions of the mouth; hence its great advantage for tonsil and adenoid work.

8th. There is seldom, if any, post-operative nausea and vomiting; in fact, this condition is the exception under N2 O and O. There is practically no discomfort due to the anesthetic. The patient wakes quickly within a few minutes, bright and cheerful, without the slightest post-operative depression. To stop the anesthetic at the time the last suture is placed, and have the patient awake while the dressing is being applied, is the common experience with N2 O and O, and is surely a wonderful im-

provement in our methods of anesthesia. when we compare it with the well known and abhorent *"Ether Drunk."*

Disadvantages.

1st. Is the one common to all anesthetics—its danger.

2nd. It is considerably more expensive than anything in the anesthetic field.

3rd. It requires a more expensive, complicated apparatus, which is difficult of transportation.

4th. The anesthesia is much lighter and more transient and consequently requires more watchfulness and experience on the part of the anesthetist, to produce an even and smooth narcosis.

5th. It does not produce the deep relaxation of the muscles, as seen under ether or chloroform.

6th. Its usual advantage of raising the blood pressure, becomes a disadvantage in the case of hardened arteries.

To discuss them more in detail however, let us take first the danger.

While gas and oxygen is by far the safest anesthetic, it is not to be thought of as never having caused death. Crile and Teter reported in 1911, over 20,000 administrations without one fatality; but since then, have had such a misfortune. A few other cases are also on record, but while I have placed its danger as a disadvantage, it is considerably less than that of the anesthetics with which we are comparing it.

Hare speaks of Nitrous Oxid as the safest and best of all anesthetics, not even excepting cocaine, and in discussing this question of mortality, one must take into consideration the cases that die of ether pneumonia and also the many cases that die several hours after leaving the operating table. Shock is given as the cause for the latter, but the anesthetic agent that caused or at least aggravated the shock, goes unblamed. If these cases were counted, the mortality rate would be higher than is ordinarily stated.

With gas and oxygen, these post-operative conditions are unknown, and *any fatality due to gas occurs on the table; the cause of death is properly stated, and the true mortality known.*

2nd. & 3rd. The initial cost of the apparatus is necessarily high. The cost of the gas depends, firstly, upon the amount used, which in turn depends upon the dexterity of the anesthetist. The second factor determining the cost, is the manner in which the gas is stored. In the hands of an experienced man, able to make use of the re-breathing method, an average operation of from forty to fifty minutes duration, will use approximately 100 gallons of N 2 O and 25 gallons of oxygen. In the small cylinders such as are used when the apparatus is transported, this would mean about $3. With the large cylinders holding 1,200 gallons, the cost could be reduced to about $2, and when the initial expense can be met of installing a plant in the hospital for the manufacture of the N2 O, the cost can still further be reduced.

Because of the increased expense, this anesthetic may not become the chosen one in institutions desirous of showing a low per capita report, but in all other cases, where *its innumerable advantages are honestly explained to the patient,* the additional cost, will, in my mind, be gladly and readily met, in consideration of the increased safety and extreme comfort which the patient will derive therefrom.

4th. Its transient qualities should carry no weight as it does not concern the patient at all, simply the ability of the operator, and on account of more watchfulness, being required, should recommend it all the more highly.

5th. Which admits that N2 O and O does not relax the muscles as greatly, is true only in a limited number of cases, such as in *Hemorrhoidectomy*; but even here, gas and oxygen often produces all the necessary relaxation. Dr. Collins states that all of his *Perineal Prostatectomies* are done under N2 O and O *exclusively,* and it has been my personal experience that gas and oxygen has produced sufficient relaxation in the vast majority of cases. If however, a greater degree of relaxation is required than can be obtained with the N2 O and O, most of the appliances now on the market are equipped with an ether attachment, by which ether can be given after the patient goes to sleep under the N2 O and O. About two drams of ether will produce all the necessary relaxation of the muscles, and the gas and oxygen will then hold the relaxation during the remainder of the anesthesia.

An analysis of the disadvantages of N 2 O and O therefore, show that they concern the surgeon and the anesthetist, *only* and *not* the patient; therefore, they really should not be classed as disadvantages as they do not add any discomfort or danger to the patient; but on the contrary they add materially to his comfort and safety.

What more then could be desired? Does

this not nearly approach an ideal or perfect anesthetic?

Now the question arises, why so many prominent surgeons are not using it at all, or only in selected cases. Dr. Leigh, of Norfolk, Va., who in June of 1913 reported having used this anesthetic in over 1500 cases without a fatality, asks these same questions, and also says that he has talked personally to many surgeons of note, and has received various answers thereto.

Some have perfected their method of administering ether to such an extent and have such splendidly trained etherizers, that they are unwilling to make a change; some have been influenced by adverse reports coming from sources where faulty methods were employed; others have the idea that the apparatus is complicated, the method costly, and do not want to bother.

The main reason however, he states, is: *They have not seen the anesthetic given properly, in a way that would convince them beyond any doubt, of its overwhelming advantages.* Dr. Leigh further says that all the surgeons and anesthetists who had visited his clinics had been favorably impressed, the majority stating that should it become necessary for them at any time to take an anesthetic, their choice, *by all means,* would be Nitrous Oxid and Oxygen.

While it may take some little time before all surgeons may care to use gas and oxygen for general surgery, as some are already doing, the fact remains, that it is the safest and best in: Traumatic Cases; Infection cases; Operative Cases where shock is present, and decidedly better for patients with nephritis or bronchitis, and should, as a matter of conscience, be used in these cases even in the aforementioned institutions desirous of showing a low per capita.

If it is the safest and best in these cases, *why not in all?.*

In closing, I can do no better than quote Dr. Crile again, who in speaking of this method of anesthesia in association with infiltration of the tissues before the knife, says that against the development and use of this method of greater safety and efficiency in surgery, there may be urged the objection that it involves higher training and increased labor on the part of the operating staff; that certain new apparatus is required and that there must be met an increased cost.

These easily surmountable objections must be balanced against *the disappearance for good of the ether drunken patient; the freedom from post operative nervous impairment and the preservation of life itself.*

Clinical Reports.

Apoplexy After Lumbar Puncture in Uremia.

Dr. G. E. Weinlander, in Weiner Klin, Woch., Vienna, relates the case of a boy of 12 who had acute nephritis with uremia and who died forty minutes after lumbar puncture Hydrocephalus and various malformations evidently caused a predisposition. The heart kept beating after the boy stopped breathing, and it did not cease to beat for seventeen hours, during which time artificial respiration was kept up.

Chronic Hypertrophy of the Lips.

Dr. E. G. Little reports the case of a young man, aged about 28, who had suffered from swollen lips for about three years. Both lips were greatly enlarged, covered with hyperemic mucous membrane, without noticeable fissures or increased glandular secretion. The degree of swelling varied within certain limits, increasing and decreasing from time to time, but never receding to normal limits of size. Owing to the persistent swelling the lips were everted, shiny, and rather dry than moist. There was no nasal discharge, but there were numerous carious teeth, especially in the front of the mouth. The gums were not swollen or tender. The Wassermann reaction was negative.—Proceeding of the Royal Society of Medicine.

Primary Carcinoma of the Appendix.

Dr. Louis Rassieur, in the Jour. of the Missouri Medical Association, December, 1913, reports two cases of primary cancer of the appendix, the first in a married woman of thirty-three who was operated on for uterine retroversion, the appendiceal lesion being a chance find; the second in a single woman of thirty-one, who gave symptoms of chronic appendicitis. The author reviews the literature of the subject, commenting on the fact that now that cases are studied more carefully, more cases of carcinoma of the appendix are finding their way into the literature, and their condition is no longer considered as great a rarity as it was formerly. The lesion is usually located at the tip of the appendix or within a centimeter of the tip. Its size varies from a pin-head to a small Mandarin orange. On section it is usually yellow in color. The rule is that these growths are relatively benign, do not form metastases, nor recur after removal.

Ovarian Cyst Expelled Through Anus During Labor.

Dr. R. Michaelis, in Zentralblatt fur Gynakologie, January 24, 1914, reports the case of a multipara who was brought into the hospital after twenty-four hours of labor. The head was firmly engaged in the second position. Forceps were ineffectually tried, but at the same time the anus opened and a cyst-like mass protruded through it. After this, delivery was easy. The tumor proved to be an ovarian cyst which had broken through the anterior rectal wall under the influence of the labor pains. Laparotomy and repair of the rectal wall followed, but the patient died in a few days. The growth

had undoubtedly been pushed down before the head, and the rectum bursting, had delivered itself in this manner.

Pulmonary Syphilis, Promptly Responding to Specific Treatment.

Dr. Albert E. Roussel, Philadelphia, reported this case in a paper read at the annual meeting of the Amer. Therapeutic Society in Washington, D. C., May, 1913:

The case reported by the author was that of a colored female aged 24 who had a distinct history of syphilitic infection, with five miscarriages. The symptoms had been chills, fever, sweats, cough, expectoration, and marked loss in weight. Three weeks before admission to a hospital she was hit on the head, in the right parietal region, with a brick. The wound had been treated, and looked healthy on admission, but since that time the lung symptoms had become more marker; there were severe chills, followed by fever and drenching sweats. The temperature for weeks reached 106° and over, and on occasions in the course of several hours would sink to 96⅕°. The expectoration was not abundant, but mucopurulent, offensive, and on one occasion slightly tinged with blood.

Percussion showed scattered areas of dullness over both sides, particularly at the right base. The apices were hyperresonant throughout the case, free from rales, and the seat of supplementary or puerile breathing. Over the dull areas the breathing was bronchovesicular and bronchial in character, vocal resonance increased, and numerous groups of subcrepitant and occasional crepitant rales heard. These signs continued until the ultimate decline in temperature took place, and at a late examination nothing abnormal could be detected in the chest. The von Pirquet test was applied twice, with negative results. The sputum, examined about a dozen times, was invariably free from tubercle bacilli, pneumococci, streptococci, and elastic fibers.

The condition during the greater part of the first six weeks seemed critical, and death was expected at any moment. The patient on admission had strenuously denied the possibility of venereal disease, and also concealed her numerous miscarriages. Later there developed what proved to be a gumma on the fourth rib of the right side, and at the same time a synovitis of the extensor tendons of the wrist. She was at once placed on inunctions of 2 drams of mercurial ointment and 60 to 80 grains of potassium iodide daily. The results were striking; the fever, symptoms, and physical signs commenced immediately, rapidly and continuously to improve, and she was later discharged cured.

Thrombo-Phlebitis.

Dr. Raymond Wallace, Chattanooga, Tenn., gives these three cases in a paper on "Post-Operative Thrombo-Phlebitis," read before the Mississippi Valley Medical Association and published in the Amer. Jour. of Surgery.

Case 1. Female, age 28. Large uterine fibroid. No history of inter-menstrual bleeding, slight menorrahagia, no anemia, general health good; operation time 42 minutes. Sub-total hysteromyomectomy, primary healing, no fever after third day. There was, however, unusual tenderness over the abdominal wall though without fever. Undoubtedly at this time the left deep epigastric vein was thrombosed and painful, this finally reaching the femoral and on the eighth day pain appeared in the left popliteal space, with chill and fever. The femoral vein became tender and whip-like. Bed convalescence lengthened five weeks. Some edema persisted for several months. This was undoubtedly a retrograde thrombus of low grade infection.

Case II. Female, age 22. Bilateral salpingectomay and appendicectomy; no drainage. Hemoglobin 80 per cent. No fever after 5th day, but complained of tender abdomen. Stiches removed on 9th day, primary healing. On 13th day temperature rose to 103 degrees, with chilliness and pain in left leg. This rapidly became edematous and was constantly painful. Fever continued for five days. Bed convalescence extended four weeks. Complete restoration in four months. This was probably another infected retrograde thrombus from deep epigastic veins.

Case III. Female, age 42. Chronic adherent appendicitis. Musculature flabby. Condition impaired by recent childbirth. Operation time 18 minutes; no retractors used. No post-operative fever. Stitches removed eighth day, primary healing. On 15th day pain and swelling of left lower limb, moderate edema, no chills or fever. Complete subsidence in three weeks. This is one of the puzzling cases; although undoubtedly of metastatic origin, it was a low grade infection without chill or temperature manifestation.

The post-operative management of the patient may influence the formation of thrombus.

Early and adequate bowel action should be secured whenever possible, for the pressure of a heavily loaded sigmoid upon the iliac vessels might easily slow the venous current sufficiently to aid thrombosis. The position in bed should be frequently changed from side to side, and often to the abdomen, thereby lessening venous stasis in the extremities.

Unusually Large Baby.

Mrs. L—— was due to be confined October 15, 1913. She menstrated last Jan. 12, 1913. She was taken in labor at 2 A. M. November 7. I was called at 4 A. M. and recognized a breech presentation. The second stage of labor began at 10 A. M. Pains being hard and no engagement at the time, after two hours counsel was called and it was decided, after careful examination, that the child could not be born alive, naturally. She was taken to the Enloe Hospital and Caesarian section performed by Drs. N. T. Enloe, Ella F. Gatchell and W. B. Johnson. The child was a boy, weighed 18 pounds, measured 23 inches in length, leg 9½ inches long, arm 7½ inches long, circumference of chest 17 inches, circumference of head 15 inches. The convalescence was uneventful. The mother and boy returned home November 17, the wound entirely healed and the mother as well as following a normal labor. The mother weighs 130 pounds, the father 160 pounds. I can vouch for all these weights and measures.—Ella F. Gatchell in California State Journal.

Rupture of Choroid in Myope Following Parturition.

A. S. Cobbledick reports the case of a markedly myopic woman aged 31 years, who had

been delivered by means of forceps five months previously. As soon as she got about—ten days after the birth of the child—she noticed a dark patch in front of the right eye. It is still dark and diamond-shaped, close to the centre of vision. The right eye has been tender to touch. There is a choroido-retinal tear extending from the outer side of the posterior staphyloma outwards and slightly upwards—somewhat fusiform in shape with a patch of pigment on each side of the rupture at its widest part. There is no history of previous traumatism.—Proceedings of the Royal Society of Medicine.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular March meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Friday, March 13th, at 8:30 P. M.

The following members were present: Drs. Bartlett, Conaway, Carrington, Clements, Darnall, Davis, Ewens, Guion, Garrabrant, H. T. Harvey, E. H. Harvey, Harley, Joy, Jonah, Lawrence, Lee, Munroe, P. Marvel, E. Marvel, Martin, McVay, Pollard, Revnolds, Rulon, Snowball, Scott, Stern, Schmidt, Scanlon and Stickney.

On motion the visitors present were made members for the evening.

An application for membership was made by Dr. Worth Clark. This was referred to the Board of Censors.

The following program was then presented: "Some Recent Advances in the Treatment of the Insane," by Dr. Thomas W. Salmon, director of special studies for the National Committee for Mental Hygiene, New York City.

BERGEN COUNTY.

Fred. S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club Mar. 11th, 8:15 P. M.

The president, Dr. Edwin Holmes, occupied the chair. Fifteen members were present. In the absence of the secretary the regular order of business was deferred and the scientific committee introduced Dr. Ellsworth Elliott, Jr., of New York City, who gave an interesting talk on "The Indications for Surgery in Cirrhosis of the Liver, Ulcer of the Stomach, Prostatic Hypertrophy."

Dr. Ralph D. Denig, of Hackensack, was elected to membership.

ESSEX COUNTY.

Reported by Richard J. Brown, M. D.,

The Essex County Pathological and Anatomical Society, at its regular meeting, March 12, 1914, presented the following program.

Dr. John Rogers, of New York City, Clinical Professor of Surgery, Cornell University, read a very interesting paper on "The Pathology and Physiology of Thyroid Disease." He showed that in some cases of hyperthyroidism, ligation of the thyroid vessels caused an aggravation of the symptoms. He also stated that in some cases of hyperthyroidism it is even necessary to feed thyroid gland substance or serum before relief is obtained.

He also called attention to the relations between the thyroid and the adrenals. He gave as his theory that the para thyroid glands had nothing to do with hyperthyroidism. To demonstrate the effect of the thyroid gland on development, he showed specimens of tadpoles which were injected with thyroid substance and very quickly turned into frogs.

The paper was discussed by Drs. Carl E. Sutphin and H. B. Epstein. Dr. Rogers was Dr. Epstein's guest.

The anniversary meeting of the Academy of Medicine of Northern New Jersey was held March 18, 1914.

Dr. Thomas G. Cullen, Professor of Gynecology at the John Hopkins University, Baltimore, Md., read a paper on "The Cancer Problem." The hall was crowded and the material presented was very valuable.

Two new members were elected. Nominations for officers for the ensuing year were:

President, Dr. Gordon K. Dickinson, Jersey City; vice-president, Dr. Arthur C. Dougherty, Newark.

Committee on Admissions, Dr. Arthur Stern, Elizabeth. Member of the Board of Trustees. Dr. John C. McCoy, Paterson.

At the April meeting, Dr. John B. Deaver, of Philadelphia, will read a paper on "Living Pathology."

By a revision of the constitution, dentists were made eligible to membership.

The Surgical Section of the Academy of Medicine met February 26, 1914. Drs. Sydney A. Twinch was nominated for chairman and Dr. John T. English for secretary.

Dr. Twinch reported a case of absence of cervical vertebrae. He reported two other case of wry neck where the fourth cervical vertebra was missing in both.

Dr. Max Danzis read a paper on "Fractures of the Upper Extremity." He discussed their diagnosis and treatment, the use of Lane plates, etc. He made a special plea for examination of fractures under ether in doubtful cases.

Dr. C. F. Baker discussed the X-ray in regard to the diagnosis of fractures and showed the fallacy of a single view of a fracture where another view might reveal an opposite state of affairs. Drs. Twinch, Rogers, Hawkes and Hagerty discussed the paper.

Dr. F. W. Pinneo reported a case of mesenteric thrombosis with seven feet of gangrenous small intestine.

Dr. J. F. Hagerty reported three cases, Dr. E. Z. Hawkes one and Dr. E. W. Sprague three cases, one of which was diagnosed before operation. Dr. F. R. Haussling reported the case of a boy eleven years old with recovery. Dr. W. M. Goodwin reported a case of fracture of both clavicles in a boy, with good results.

Dr. Baker showed how important it is in fractures of both bones of an extremity to immobilize the joint above and below the fracture.

The Medical Section of the Academy of Medicine held its meeting March 10, 1914, about fifty members being present

Nominations of officers for the ensuing year resulted as follows:

Chairman, Dr. F. C. Horsford, Newark; secretary, Dr. A. C. Zehnder, Newark.

The program consisted of a symposium on Pituitary Disease.

Dr. H. S. Martland showed and explained lantern slides which illustrated the development, histology and pathology of the gland.

Dr. W. P. Eagleton reviewed the physiology of the gland and stated that the symptoms produced by the disease were caused by: (1) Diminution of gland secretion; (2) Neighborhood symptoms; (3) Pituitary symptoms secondary to cerebral pressure from enlargement of the glands; (4) Symptoms due to the involvement of other organs.

He gave a number of cases, presented some of the patients and illustrated, as far as material allowed, the various symptoms presented by the morbid conditions above mentioned.

He laid stress on the fact that the picture of pituitary disease is a mixture, due to a variety of pahthological conditions and especially beginning as an increased pituitary secretion. Later the symptoms are due to atrophy. He showed the technic of operation and the best means of approaching the sella turcica.

Dr. C. C. Beling presented some very interesting cases.

Dr. William Petry reported a case of acromegaly.

Dr. C. F. Baker showed X-ray pictures of the enlarged sella turcica as observed in pituitary disease.

The Medical League held its meeing on March 16, 1914.

Dr. Nathaniel G. Price read a paper on the "Prophylaxis of Puerperal Septicaemia," which was discussed.

At the next meeting of the League, April 6th, Dr. Walter M. Brickner, of Mt. Sinai Hospital, New York City, will read a paper on "Painful Shoulder Joint," illustrated with lantern slides. All the members of the profession are invited to attend.

GLOUCESTER COUNTY.

H. A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, March 19. In the absence of the president, Dr. Sinexon, Dr. Wilson, of Woodbury, was elected president pro tem.

Measles, mumps and chicken-pox were reported as prevailing in various localities.

Dr. S. F. Ashcraft reported an interesting case of ophthalmia neonatorum due to pneumococci.

Dr. Pfeiffer, of Philadelphia, read a very exhaustive paper on "Early Diagnosis of Carcinoma," which was freely discussed by most of the members and visitors present.

Dr. T. N. Gray, recording secretary of the State Society, was present and addressed the Society briefly, dwelling particularly on the fraternal spirit which should exist among physicians and urging a larger and more regular attendance at the State meetings.

Other visitors present were Drs. Richardson, Iszard and Palm of Camden County, Miller and Moore of Cumberland County, Husted of Salem County, and Cotton of Trenton.

A copy of Dr. Pfeiffer's paper was requested for publication and will be forwarded as soon as received.

After adjournment the Society entertained its guests at dinner.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hudson County Medical Society met as usual at Odd Fellows' Hall, on March 3rd, 1914.

After the usual roll call, reading of minutes, etc., Dr. G. K. Dickinson asked the secretary about the constitution and by-laws in regard to ethics, and the printing of professional papers without protest, and read from "The Observer" of February 28th, 1914 (also appeared in the New York World and Tribune) an account where a surgeon, a member of the Hudson County Medical Society, was credited with removing the cervical vertebrae, removing the spinal cord, washing same with saline solution, drenching the canal with the same liquor, replacing the cord, and curing Godfrey Kruse, 321 Humboldt street, Union Hill, of paralysis. The article referred to, credited this remarkable operation to Drs. Jos. W. Rector, R. Wm. Gelbach and E. C. Hellstern. The president, Dr. E. T. Steadman, asked Dr. Dickinson, whether the operation had been published in the medical papers, and Dr. Dickinson replied that he had not seen any such publication.

Dr. A. P. Haskins stated that the censors act as a Grand Jury, as it were. If they recommend a charge to be dropped it means "no bill." If they deem it important to refer to the society, it requires a two-thirds vote to convict. Dr. Dickinson thought this matter should be referred to the censors for consideration. Dr. F. D. Gray moved that the matter be left over for one month, or until next meeting, and by that time the exact standing of the censors be ascertained, inasmuch as the secretary, Dr. H. Finke, was not sure as to whether or not the entire corp of censors had been elected or appointed at the last annual meeting. Dr. G. K. Dickinson wanted it understood that it was the sense of the society that the action of publishing individual cases in the newspapers, was condemned.

Dr. A. E. Jaffin reported that attending physicians to the various clinics of the Hudson County Tuberculosis Hospital and Sanatorium met at the Sanatorium recently and organized an association for the study and prevention of tuberculosis, and to enlarge the services and activities of the County Institution. Meetings will be held at the Jersey City office, 291 Montgomery street, the last Monday of each month, at 8.30 P. M. All persons, lay as well as medical, who are interested in the study and prevention of tuberculosis may become associate members. There are no dues. During the course of the year the society expects to take up the questions of the care of the tuberculous insane and criminals; the necessity of open air classes in the schools of congested districts; the subject of tuberculosis in children and the duties of the public to these charges. In addition the recent literature is to be reviewed at each meeting and it is hoped that the social workers will contribute from their experience.

Before adjourning, officers for the ensuing year were elected as follows:

President, Dr. Abraham E. Jaffin, Jersey City; vice-president, Dr. Harold W. Brown, Jersey City; secretary, Dr. Martin I. Marshak, Bayonne.

Owing to the inclement weather conditions, the attendance was somewhat scanty, and it

was moved and seconded that Dr. G. H. Sexsmith's paper on bone and joint surgery be postponed for one month, and that the society go into the report of interesting cases, limiting the time of each recitation to five minutes, and that under the usual routine, the aggregate time for this part of the programme should not exceed one-half hour.

Some one handed the secretary a report from a Jersey City physician, appearing in the "The Bloodless Phlebotomist" (the antiphlogistine periodical) which is printed verbatim, as any attempt to correct the diction, would destroy the charm.

Case of Gonorrheal Infection, by Mary A. Willis, M. D., Jersey City, N. J.

"A beautiful, petite, nervous, petted daughter of one of my families married an apparently well and fine young man and almost immediately became ill. On visiting her I was misled by appearances, and did not diagnose correctly until next visit, when acute peritonitis had supervened. I was in the habit of packing with Antiphlogistine in other types of pelvic congestions, and the urgency of this case put me on my mettle. I dilated gently the os and used intermittent intra-uterine injections of 50 per cent. peroxide of hydrogen until foam came out white. I then swabbed with ichthyol as well as I could for pain, rolled Antiphlogistine cold in gauze as large as would pass my duck bill speculum and carried it in with forceps up as tight as I could get patient to let me, and as I withdrew the speculum I continued to pack it in so as to dilate the vaginal canal to its capacity, binding it with tight napkin. The result was all one could ask, the bed was almost flooded with exudate, the abdomen became soft, the pain relieved, temperature lowered and heart's action right, considering the acute infection. The husband came to me and made a confession of past errors supposed to be cured and was well as far as he could know. Of course internal remedies were used over the abdomen and per vaginam until the trouble was overcome. The Kava Kava Comp. containing methylene blue was used for months, arsenis iodide 1/100 with charcoal gr. jj for some months t. i. d. and intercourse was prohibited of course. The patient is now the picture of health and a happy little wife, never knowing the sad cause of all her misery. He is a devoted husband, repentant and childless to his sorrow."

Dr. A. P. Haskins had a boy fourteen years old referred to him by Judge Lange in the Juvenile Court. The lad was undersized, emphatically incorrigible. At the jail he would cry out "fire," "police," "murder," was apparently unable to appreciate his surroundings, had sometimes to be restrained, would throw objects around and was utterly profane. The patient was well until last Fall when he fell, and struck his head on a railing, and he now has a pulsating scar. The doctor then described the results of the intracranial pressure, which the different postures produced in this case, and mentioned the gratifying results from surgical interference (such as liberation) in cases of this kind.

He cited another instance of a man, who, three years ago came under observation, a member of the bar, who fell off a moving train, and who soon became a crook, hobo, alcoholic and everything that was bad: would talk incoherently, dance, act like a juggler, then suddenly quiet, and act like a gentleman. He went to Morris Plains, and is now about the same. Liberation in these cases seems to show that the damage to the cortex, and not the scar, is the cause. Dr. Dickinson questioned if these cases were dura mater reflexes, or true cortical injury.

Dr. F. D. Gray related the history of a cranial injury case—a bright young man, fifteen years old, fell off a train; sustained injury in frontal region; local attendants did not discover any fracture; in few weeks the patient became maniacal, and was sent to a sanitarium. Remained there two years. He was seen by Keen of Philadelphia, who on trephining found a cyst, and the removal thereof restored the young man to an absolutely normal condition.

Dr. Gray then cited two abdominal surprises. One a woman seen in consultation, whose family physician insisted that two weeks ago she had aborted, and afterwards he had curetted. She was apparently well for two subsequent weeks, then developed extreme abdominal pain, which kept up for two days, more particularly in the appendicular region; pulse 112; temp. rectal, 99. Something about the case made him feel it was an "acute abdomen." Operation that night revealed an ectopic. If the attending physician's statement was correct this was one of the rare cases of intra and extra uterine pregnancy.

The second surprise was a case showing marked tenderness just at the level of umbilicus. Gall bladder region negative. The symptoms pointed to an appendix, with recto-caecal abscess or pyonephrosis. Exploration showed a gall bladder with empyema.

Dr. Dickinson suggested that in every case of supposed abortion, where the foetus is not seen, we should suspect ectopic.

He referred to Dr. Hasking's case, and commended Powell on "post traumatic insanities." This author shows that many of these cases are dura mater reflexes.

The doctor then briefly spoke of some prostatic work, and mentioned two cases—one man sixty years, one seventy, with complete retention. In one the urine was clear and limpid; drainage supra-pubic one week. Then removed eight ounce prostate after a difficult enucleation. The second case on supra-pubic drainage showed bladder full of black clots. The man became flighty, had post-operative haemorrhage, and developed uraemic mania.

Dr. G. H. Sexsmith said listening to the spine case report had recalled to his mind the case in which he had been interested, produced in the New Haven wreck, where three spinous processes, and posterior arches were crushed. Dr. Standard of New Haven, although he felt the outlook was bad, operated. The post-operative recovery was uneventful, but paralysis persisted. Dr. Leszynski, who was then called, stated very decidedly that these operations on the spinal column after injury, were useless, and claimed that if the cord had been divided, operation would not restore it, and if not divided, pressure was due to clot and recovery would follow anyhow. This patient developed two sores off from the line of pressure, which were quite resistant to treatment. The family called an osteopath, who as near as could

be learned, did very few manipulations, but made seven visits, and the sores began to get well. Dr. Sexsmith wondered if this was merely a coincidence, and asked for the experience of the members in this connection.

Dr. Jaffin called attention to the fact that in the neurological wards, he had seen many trophic sores, heal under ordinary methods.

Dr. Haskings narrated a case of paralysis of nine months' duration, occurring in the father of a physician, who wanted to do something. He secured a strong masseur from Mills' Training School and under his administrations, coupled with electric vibrations, in two months the patient began to walk. Dr. Haskings also told of a mental case which was improving, then an osteopath called and got the credit.

Dr. F. D. Gray gave the history of a case of fractured neck which took two years for the callus to be absorbed, and then complete recovery followed, showing that nature did the work under these circumstances.

Dr. Jaffin gave the details of a patient with marked paralysis of peripheral vessels, leading to discovery of aortic lesion and general arteriosclerosis. A thorough sifting proved an old latent syphilis, that no one knew anything about, and in such a case it was a delicate matter to talk to the family about.

Dr. Maisker, Bayonne, reported a patient in whom there was complete transposition or organs.

Dr. F. M. Corwin had a man with persistent headache, who had an osteopath treat him, and promptly developed a complete hemiplegia.

Dr. T. J. McLoughlin gave a short talk on the surgery of the spine, describing the locations, and prognoses, and citing actual experiences.

Dr. Mueller stated that an osteopath had treated a case for two weeks, and investigation showed a distinct pneumonia.

Dr. J. L. Rosenstein had two cases of sore throat which were promptly fatal.

Dr. J. H. Rosenkranz extolled the virtues of digitalis in anginal cases, and showed that the improvement came from improving the heart ventricles. In this connection Dr. Rosenkranz spoke of a small growth behind the semilunar valves, as a cause for sudden death, as shown in a case autopsied by Dr. Welch, where no other lesion was found.

Dr. L. L. Lewis commented on a boy he had treated, who on diving sustained a penetrating cranial wound one inch deep. Operation showed a depressed fracture of cone shape. Bone removed and drained. Over two years later he developed epileptic attacks, with lapse of memory. At this time a secondary operation entered a pus pocket, hoding half an ounce. He is making an uneventful recovery although two and a quarter years elapsed from original injury.

Dr. E. T. Steadman gave some results of physical examination in a case showing flatness from the splenic region, and simulating tubercular peritonitis, with lung spot, and mildly positive Von Pirquet, and asked for discussion as to the advisability of opening the abdomen.

Drs. Haskings and Dickinson talked regarding the essay committee, and the necessity for getting its outline in the Spring rather than Fall.

Meeting adjourned, Dr. Sexsmith agreeing to give his paper on "Surgery of Bones and Joints" next month.

MERCER COUNTY.

Edward B. Funkhouser, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held at the City Hall, Trenton, on Tuesday, February 3, 1914, at 8:15 P. M .

The scientific program consisted of a symposium on Eclampsia, with the following papers:

Etiology and Pathology, by Dr. W. A. Clark; Symptomatology and Differential Diagnosis, by Dr. H. G. Norton.

Medical Treatment, by Dr. E. L. West; Surgical Treatment, by Dr. G. N. J. Sommer. These papers were discussed by Drs. Craythorne, Bellis, Collier and McDonald.

S. C.—MARCH MEETING

The regular monthly meeting for March was held in the Council Chamber at the City Hall, Tuesday, March 2d, at 8:15 P. M.

The paper of the evening was presented by Dr. F. R. Widdowson, of Philadelphia, on "Angesthesia." It was discussed by Drs. Oliphant, Reddan, Parker, Sommer, Ackley and Costill.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular quarterly meeting of the Morris County Medical Society was held at Morristown, on March 12, 1914. In the absence of the president. Dr. Clifford Mills, of Morristown, acted as chairman. Dr. Thomas N. Gray, recording secretary of the State Medical Society, was present. Owing to the bad condition of the roads throughout the county, the meeting was not as well attended as usual, about twenty-five members being present.

A discussion as to whether homeopathic physicians should be admitted to membership ended in a motion that this should be decided at the next meeting and that a notice to that effect be incorporated in the next announcement sent out so as to have a large representation on this subject. Dr. Gray said he did not know of any county in New Jersey from which homeopathic physicians were still excluded except Morris and that in many societies they were good and active members. An announcement was made that the Passaic County Society had asked the Committee on Public Hygiene and Legislation to introduce a bill as drastic as that before the Legislature of New York to prevent the sale of habit-forming drugs and a suggestion made that if such a bill was introduced weight would be added and its passage made more likely if each member would write to his Senator and Assemblymen asking support of the measure.

The reporter read a brief sketchy paper on the newer methods of treatment of nervous and mental diseases. discussing first the work done by Ittor and Lundvall in producing leucocytosis in cases of dementia praecox with good results in many instances; then Frend's theory of psycho-analysis giving some of his personal results with this line of treatment, with many arguments pro and con and concluding with the statement that as much harm could be done in

some cases by careless psycho-analysis as by careless surgery.

The paper was concluded with remarks on the use of salvarsan and neosalvarsan in the treatment of syphilitic conditions of the nervous system, the various methods employed by different men both abroad and at home of introducing the drugs into the spinal canal or beneath the dura of the brain whether directly or by means of serum, were referred to and the results obtained by these different methods mentioned.

Dr. F. H. Thorne described the method of Swift and Ellis and told of the cases of paresis treated at the State Hospital at Morris Plains by this means, but said as yet the results were not encouraging as to negative Wassermann, although the cell count of the spinal fluid was favorably reduced in nearly all cases. He also cited a case in which a subdural treatment had been given after the skull was trephined.

Dr. Guy Brewster, of Dover, exhibited X-ray pictures taken after a bismuth meal which showed numerous kinks, a chronic appendicular condition and a thickening of the pyloric region of the stomach. The history was of numerous attacks of indigestion extending over a period of years. Dr. F. H. Glazebrook in discussing this case referred to the great work of Lane in regard to intestinal stasis and the wonderful results obtained in so many cases either by medical or surgical measures or both.

He showed X-ray pictures which he explained and read the histories of two patients he had operated upon recently. One had been treated for years both here and abroad and when he first saw her she was emaciated physical wreck, unable to retain any food. After operation she was discharged in three weeks at which time she had gained weight and was able to eat ordinary diet without vomiting, pain or distress of any kind and was now able to earn her livelihood. The second case was similar but had progressed to such a serious condition. The doctor recommended the use of Russian Mineral Oil and suitable abdominal support in many cases and said the results were often marvelous that could be obtained by these measures without resort to operative procedures.

PASSAIC COUNTY.

Joseph H. Oram, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held in the Brann building, Paterson, on March 10th. In the absence of the president, Dr. John C. McCoy occupied the chair. There were about thirty-five members present. The minutes of the last meeting were read and approved.

Dr. William A. Dwyer, of Paterson, was elected to membership. Dr. Cotton, who had made application for reinstatement to the Society, was elected to membership.

Dr. J. A. Maclay gave a demonstration of the application of the Hodgen splint and also read a short paper on the same subject. A discussion of the paper followed.

Dr. Henry Cogan read a paper on "The Nervous Woman."

Dr. G. E. Tuers reported a case of inguinal hernia in a three-week-old baby.

A resolution was passed that the secretary send a message of sympathy to Dr. A. F. McBride in his present illness.

Dr. McCoy, as chairman of the legislative committee, made a report of the work that had been accomplished thus far as follows:

Mr. President and Gentlemen:

Whereas, The unchecked sale and use of habit forming drugs is a serious menace to the public health and morals; and

Whereas, The present laws do not seem adequate to check such sales, which are lamentably numerous; and

Whereas, The State of New York is about to adopt a drastic law regulating the sale of such drugs, which will no doubt drive the vendors of such drugs to ply their trade in and from New Jersey; and

Whereas, Judge Edward Swann, the chairman of the committee in New York for the investigation of the traffic in habit forming drugs and the framing of a law to check such traffic in the State of New York, has intimated the necessity of such a measure in New Jersey; be it therefore

Resolved, That the Passaic County Medical Society as a body endorse the introduction into the Legislature of a measure to check the indiscriminate sale of habit forming drugs in the State of New Jersey, and that it instruct its legislative committee to confer with a body of lawyers and lay citizens assembled to frame such measure; and be it further

Resolved, That a copy of this resolution be sent to our local State legislators and also a copy to the secretary of the State Medical Society requesting him to urge upon all other county societies the necessity of not only recognizing the need for legislation restricting the sale of habit forming drugs but for their support and efforts to prevail upon their respective local legislators to endorse such a bill when introduced into the Legislature.

Respectfully,

Jno. C. McCoy (chairman), E. J. Marsh, O. R. Hagen, Legislation and Public Health Committee.

Members of Committee—Judge Abram Klenert, John W. Harding, John H. Reynolds, Senator Peter J. Maginnis, Assemblyman Edward B. Randall, Rev. Anthony H. Stein, Dr. Andrew F. McBride and Charles M. Van Buren.

The following amendment to the by-laws was unanimously passed:

"Chapter V, Section 3, to read as follows: The annual dues shall be $5, payable in advance. Non-payment of annual dues in advance or non-payment of assessments before the first day of the January following such assessment shall work forfeiture of membership, provided notice thereof has been sent as provided in Chapter II, Section 5, of these by-laws. A member thus disfranchised may be reinstated only by a majority of the votes taken by ballot after the payment of all indebtedness to this Society."

A resolution was passed assessing each member $5 to defray the necessary expenses of the Society. As there was no further business, the meeting was adjourned on motion.

The ligamentum patellae or any of the muscles inserted into it may be ruptured. If the tendon or the rectus femoris be ruptured, operate, and suture at once.—Bernay's Golden Rules of Surgery.

Local Medical Societies.

Bayonne Medical Society.

Martin I. Marshak, M. D., Secretary.

At a regular meeting of the Bayonne Medical Association held at the home of Dr. W. H. Axford, Bayonne, on February 16th, 1914, the following cases were reported and discussions held.

By Dr. M. A. Swiney: A case of transverse presentation, head to right, back below, the hands behind the neck over the head. He delivered this case by version, pushing the arms down over the back as it was impossible for him to bring them down in front. No fracture or dislocation of any bones occurred following this procedure, which was against the teachings of the authorities.

A case of carcinoma of the cervix. Found on ureteral catheterization, blood in the urine of the right kidney, and albumen in that of the left. The right kidney was treated by adrenalin, locally by ureteral catheter which stopped the hematuria. This patient died in uremic coma on February 2, 1914. He brought this matter up to illustrate the fact that one must be careful to make proper diagnosis on each kidney before proceeding to any radical operation.

By Dr. F. M. Corwin: A man aged thirty, brick-layer, father of three healthy children. Complained of headache, nausea, vomiting and dizziness. Physical examination showed nothing. His condition was not relieved by active purgation and analgesics. Headache was very persistent. At the end of one week the headache stopped, but the patient became suddenly paralyzed. He woke up paralyzed after going to bed well. This was a complete hemiplegia. There was no inequality of the pupils or paralysis of any ocular muscle or of the lids. This is probably a slow oozing of some damaged vessel in the brain due to chronic alcoholism or syphilis.

By Dr. A. C. Forman: "In Dr. Swiney's case, death was probably due to acute congestion from cold."

A case of Caesarian Section. Transverse presentation with hand inpacted. On operation, he sutured the mucous lining of the uterus with mattress suture. He then sewed up the muscular tissue and then peritoneum, etc.

By Dr. Frank: A woman of seventy having a femoral hernia for the last twenty-five or thirty years. Hernia became incarcerated, the patient was in good condition. Could not be reduced by taxis. Patient refused operation and condition reduced itself after a few days.

By Dr. W. W. Riha: A case of chronic diarrhoea of ten months' standing in a child ten years old. Cured by liquor pancreaticus, showing it to have been due to intestinal indigestion.

By Dr. S. R. Woodruff: A case showing all the signs and symptoms of strangulated hernia. Tried to reduce under anesthetic with no success. The patient refused operation. Under ice, the hernia reduced itself. He said that bleeding from kidney might be nature's way of relieving congestion. Always best to find direct cause. If due to acute congestion, better not stop bleeding at once.

By Dr. W. W. Brooke: He said he wished to talk of some of his failures in order to draw lessons from same. He reported a case of a man aged thirty-four who had had stomach trouble for the last eight or nine years. X-ray showed a dilated and atonic stomach, an angulated ilium, and a bound down appendix. On operation (the patient taking anesthetic badly) lasting one and one-half hour, removed the appendix and broke up adhesions. Patient went off the table in good condition at 1 P. M. At 2 P. M. the next morning, the temperature jumped to 105. There was no air hunger, no signs of stomach dilation and no flatulence. At 3 P. M. was pulseless and died a little later. On autopsy, found no blood either in the peritoneal cavity or in intestines. There were no ebrasions of the peritoneum. Death in this case was probably due to delayed surgical shock.

A case of ileus. Patient had a complete prolapse of about eight years standing. At operation amputated the cervix, repaired the perineum and sewed the round ligaments in front of the uterus. Next day there was marked flatulence, the bowels being moved by enemata. Morphine was given according to Crile's idea of diminishing the effect of the toxemia and brain cells. A pyelitis set up later. Patient was in bed for two months and is now in fairly good condition.

Dr. Swiney in discussing the above cases cited a case of obturation ileus. The patient had had fecal vomiting. There was no history of when the bowels had moved last. Pulse 130. temperature subnormal, hemoglobin 65, reduced reds, albumen in urine in slight amounts. Stomach was washed every hour with little results. Later tried washing stomach with one per cent. tincture iodine solution, following this with four ounces of caster oil and three minims of creosote by the tube. Four hours later she rallied and had a bowel movement. Stool consisted of large quantities of fecal masses about the size of hen's eggs. Also passed great quantities of gas. After that had frequent stools with a large number of these egg-like masses, which on section showed crescent layers. The patient is now being treated with liquid petrolatum.

Dr. Axford stated that although the above case had had temporary relief, she would very likely become obstipated again. On operation would very likely find colonic obstruction somewheres of dilated and atonic colon.

By Dr. G. H. Sexsmith: A case of irregular pneumonia. Patient came to the office complaining of pain in the gastric region, and of expectorating blood. Had history of stomach trouble for the last few years. His breathing seemed like that of pneumonia. He expectorated blood for four days. There was nothing in the lungs for forty-eight hours. Glands showed signs of broncho-pneumonia and diaphragmatic pleurisy. Respiration varied from 40 to 56. Temperature from 103 to 106 and pulse stayed at about 90 during all the time until the patient died. Patient constantly reiterated that he felt well, but was irrational at times. In no disease do we have as little actual success in treatment as in pneumonia. No drug seemed to be of any use in this case. Dr. Marshak thought that the case might have been a Frankel bacillus pneumonia with prune juice sputum. Dr. Klein suggested a rupturing of a gastric ulcer through the lungs.

Dr Axford then read the paper of the even-

ing entitled, "Disease of the Osseous System diagnosed by X-ray."

The X-ray diagnosis of pathological conditions is based upon the interpretation shadows. It is very essential to become familiar with the appearance of the structure and contour of normal bone. For example, the medullary portion of the bone gives less shadow, while the sides or cortex gives a very dense shadow.

Periostitis at first is not shown up in a radiograph but later lime salts are deposited and a fusiform shadow is usually distinctly visible. This is true of either traumatic or septic periostitis. Osteomyelitis is easily confused with tuberculosis. The circumbcribed type is usually found near, but does not include the articular surfaces of the joint. The cortex is thickened and a decided shadow can be made out around the abscess cavity. The shaft shows no evidence of atrophy. In the acute type which often includes the entire shaft of the bone, there is noted a decided irregular thickening due to subperiosteal bone formation and transparent areas caused by necrosis.

Syphilis shows a coarsely striated thickening of the compact layer and a narrowing of the medullary canal. This may be localized or extend along the entire shaft. The periostium may show extensive subperiosteal bone formation. Gummata cause rarifaction with formation of new bone around the diseased area.

Tuberculosis is probably the most common of the bone diseases. The first changes notes if the shaft is affected are atrophy, increased transparency with blurring of the outline and bone detail. This is followed by necrosis and periosteal thickening. Atrophy, due to diminution of lime salts, is commonly detected long before it can be demonstrated clinically. Active lesions show no definite line of demarkation. Latent or healed lesions are well defined, the cortex becoming thickened thereby compensating for the destroyed cancellous tissue. In tuberculosis joint affections, at first the capsule becomes thicked, later the articulating surfaces are eroded and finally there is bone dstruction.

In osteitis deformans there is a rarifying condition due to obsorption of dense bone, giving a "Mortor like" appearance with no definite bone structure. Periosteal and cottical thickening surround circumscribed and arregular areas of rarifaction." Bowing occurs and the joint surfaces sometimes show hypertrophic nodes and spurs. Osteitis fibrosa is the replacement of bone by fibrous tissue, showing longitudinal striae undergoing more or less cystic changes. Spontaneous fracture is common with litlle callous formation.

In osteomalacia, there is an absorption of bone trabeculae and compact bone. The latter may be reduced to a thin line with the central canal disproportionately wide, allowing bending, twisting and fracturing rapidly. Rickets may be discovered by X- ray long before clinical signs are evident. The epiphysis is small and the diaphesis proportionately much larger and ragged in appearance, while the zone of proliferation is ill defined and increased in width. The periosteum is thickened but the compact layer is narrow. The medullary canal is wide and transparent, and may contain cysts. The convex side of bent bones shows a thickened cortex.

Sarcoma is the most common of bone tumors. Periosteal sarcoma shows a blurred and irregular thickening which seems to radiate from the center of the growth. In central sarcoma, the bone degenerates rapidly. Bone tissue may completely disappear. The bone is usually reduced to a mere shell, and spotaneous fracture is frequent. In myeloid sarcoma, which are of slower growth, cyst like appearances may occur in which irregularly placed trabeculae of bone may be seen. The growth is surrounded by periosteum and a thin layer of compact bone which gradually becomes distended. Carcinoma is usually secondary. The bone is irregularly eaten away with no evidence of new bone formation.

Chondromata usually occur in the fingers and toes. A transparent mass may be seen growing within the bone causing expansion. Bone tissue may be reduced to a mere shell. Exostoses are seen as irregular masses of bone continuous with the shaft. Bone cysts are found in osteomyelitis, tuberculosis, sarcoma, rickets, osteitis fibrosa, osteomalacia and osteitis deformans. Therefore, whenever spontaneous fracture occurs, the above conditions should be carefully eliminated.

Injuries about joints offer some difficulty, especially in the young because of the epiphyseal line. Fortunately, when fractures occur around joints in children, they are usually above this line. The chronic forms of arthritis are classified from the X-ray standpoint into three distinct types. The infectius, the atrophic or rheumatoid arthritis and the hypertrophic or osteo arthritic form.

In the infectious form there is increased transparency due to absorption of lime salts; the capsule is thickened and infiltrated, but the joint surfaces show no evidence of erosion. In the atrophic type there is a narrowing of the spaces between the end of the bones due to atrophy of the articular cartilages, also atrophy and erosion of the bones themselves. The transparence of the articular ends is greatly increased and the erosions cause marked changes in their outlines. In the hypertrophic type the articular ends of the bones are increased in density accompanied by lipping and osteophyte formation.

Dr. Sexsmith, in discussing the paper, said: "Before the day of X-ray, the diagnosis of bone diseases was very discouraging. It seems from the paper that practically all the differnet bone and joint diseases are infections. In children, tuberculosis may extend to the shaft easily, in adults practically never. Osteomyelitis very rarely breaks into the joint. The most important thing after diagnosis is to act, and act promptly. Symptoms of acute conditions are ushered in by pain and chills and fever. If this occurs in soft parts, we usually cut down on the condition at once. Why not do the same when bone is infected? He reiterated that action in acute cases should be prompt. He cited cases to illustrate. First a case operated on twenty-four hours after onset of symptims. Found one ounce of serous fluid under the periosteum. This was evacuated and patient got well immediately. Second, a chronic case with sequelae and wondered what the condition might have been had prompt action been taken early. Third, a case in which he waited for pus formation, then drained. One year later, he removed a sequestrum. Two years now and leg is still very tender. Will

probably be tender all his life. One should open up the bone down to the medullary canal. Immobilization, positive and absolute, will cure tuberculosis in bone. If done early, cure will be absolutely with moveable joint. Albee operation does the same thing. Cancerous conditions, of course, are not so promising.

Dr. Corwin said that he was very much interested and felt indebted to Dr. Axford for his talk and for the radiographs which he had shown. It opened up a new vista in these diseases. He wishes to add that Dr. Sexsmith is right about prompt action. X-ray has removed a great deal of doubt and hesitation.

Dr. Swiney thought it a crime to treat fractures without X-ray. Cited a case of a boy with crepitus on motion of ankle joint. The fibula was irregular in outline, but the tibia was smooth and without point tenderness. He thought of a Pott's fracture. On X-ray examination, showed no fracture of the fibula but an oblique fracture of the tibia in correct apposition, which fact influenced his treatment very much. In acute diseases the diagnosis, according to Murphy, should be made at once without waiting for X-ray examination. Should cut down on focus immediately. Tuberculosis never occurs in joints. Murphy's method of treating tuberculosis in a joint is to draw off the serum, then inject a formalin in glycerine solution and then placed in a cast.

Dr. Axford in closing the discussion said that after a correct diagnosis has been made it is rather easy to get at a course of treatment. It is practically impossible without X-ray to diagnose the exact situation of the infection. He said that in fourteen cases of fractured femur he had asked the attending physician to locate the point of fracture, and not one was nearer than two inches to the exact point of break

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

Dr. M. E. Scott, of Morristown, entertained the Morristown Medical Club at Day's on the evening of February 18, 1914. Dr. A. A. Lewis, of Morristown, was in the chair. The meeting was well attended, nearly all the members being present.

Dr. F. M. Mikels, of the State Hospital at Morris Plains, was elected to membership.

Dr. Thomas N. Gray, East Orange, Secretary of the Medical Society of New Jersey, read the paper of the evening on ("The Significance of Pain in Children" this is to be sent to the Journal for publication.) In opening, the doctor said that pain in children could not be looked on as a symptom of any disease but that the presence of pain always called for an examination which should be of a painstaking character and thorough in its scope.

Several of the more usual pains were referred to such as headache where a moan was more likely to be heard than what could really be designated as a cry. In infants headache was nearly always associated with diseases of the meninges, whilst in older children it might be caused by the infectious diseases, decayed teeth, nasal polypichorea, rheumatism, gout any many other conditions.

Infants frequently complain of pain in the head when disease is present elsewhere and may deny any headache when they have organic disease in the head. Often they are seen pounding their heads and when sleeping their heads roll but they will deny any headache. On the other hand, the forehead may be smooth and no evidence of pain in the head found when headache is complained of and the disease may be at some distance. It is in these cases that an extensive examination should be made as it is not enough to give remedies just to relieve pain.

If headache is associated with fever, it is often due to auto-intoxication, ear abscess or meningitis.

Convulsions if general point to diseased meninges, if jacksonian or local to brain abscess or tumor. The former is usually associated with fever. Convulsions in the new-born point almost always to a tumor, pressure of bone or the pressure of a blood clot.

Lumbar puncture is of value to determine the cause of most meningeal infections. If tubercular, the spinal fluid is clear in infection with influenza bacilli, pneumococci or staphylococci, the fluid is turbid. Pain in the abdomen may be due to appendicitis, intussusception, urinary calculi, etc. Lower right sided pneumonia is at times diagnosed as appendicitis.

In the diseases of bones and joints the most common causes of pain are rheumatism, inherited gout and osteo-myelitis. Rheumatism usually affects more than one joint. In gout only one joint is as a rule affected and a history of gout in the parents is easily obtained. Osteomyetitis does not give pain or inflammation in the joints but along the epiphyseal lines.

Most of those present discussed the paper and many cited histories of cases that had been difficult to diagnose. Some of these were subsequently diagnosed at future visits and some recovered without a satisfactory diagnosis being made.

Dr. Gray, in closing the discussion, said that whenever there was pain, complete and repeated examinations were necessary and laid stress on his opening remark that pain was not a symptom but a signal of danger which called for attention, and to this, after the symptoms were made out, should be added the ability to weight and correlate them so that a satisfactory diagnosis could be made and a proper line of treatment pursued.

After the discussion supper was served.

This Society held its regular meeting March 25th at the home of Dr. George L. Johnson.

Dr. William H. Lawrence, Jr., of Summit, read an able paper on "Metastatic Arthritis," which was discussed. Dr. J. B. Griswold exhibited a pulmotor belonging to the Morris and Somerset Electric Company.

The Society was subsequently entertained at dinner by Dr. Johnson.

Practitioner's Society of Eastern Monmouth.

William B. Warner, M. D., Secretary.

The regular monthly meeting of the Practitioners' Society of Eastern Monmouth was held at the residence of Dr. Joseph T. Welch, Long Branch, on the evening of March 12th, 1914.

"Uraemia" was the subject of the evening's essay, which was read by Captain P. P. Rafferty, M. D., of the Field Hospital Service, N. J. N. G., and visiting physician Monmouth Memorial Hospital. Dr. H. B. Slocum opened the discussion.

A committee was appointed to attend the State conference of the "State's Charities Aid and Prison Reform Association" which is scheduled to be held at Asbury Park Casino on April 19th, 20th and 21st.

It is expected that Dr. Wiley will address the conference at the session of Sunday the nineteenth proximo.

The committee of attendance is Doctors Field, Slocum, Roberts, Rafferty, Shaw, Robinson, Beveridge and Campbell.

The next meeting of the Practitioners will be held at Dr. Rafferty's home at Red Bank.

Dr. Walter Rullman will read the paper, his subject being as yet unannounced.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at Fair Oaks Sanatorium, Summit, N. J., on Friday, February 27th, 1914, at 8:30 P. M., Dr. T. P. Prout entertaining, and Dr. Eliot Gorton in the chair.

The following members were present: Doctors Prout, Wolfe, Keeney, English, Smalley, Pollard, Lawrence, Jaquith, Jones, Tweddell, Hamill, Gorton, Lamson, Bebout and Moister, and Docters Fisher, Becker, Mial, Vaughan, Douglas, Thorn and Curry of Morristown, Doctors O'Reilly, Bramley and Ehlers of Summit, Dr. Seward of Madison, Dr. Pulsford of South Orange, and Doctors Beling and Martland of Newark, as guests of the Society.

The reading of the minutes of the previous meeting was dispensed with.

The program for the evening was as follows:

"The present status of the syphilis problem," by Dr. T. P. Prout.

"The technique and interpretation of the Wassermann test," by Dr. H. S. Martland.

"Cerebro-spinal syphilis, with some results of intra-spinous treatment," by Dr. C. C. Beling.

(1) Dr. Prout said that the syphilis problem was one of tremendous magnitude. It looks as if our health laws for its control would be a long time in reaching the level of our scientific knowledge. He traced the history of syphilis from early times to the latest advance of our knowledge. About 1885 the chancre was definitely distinguished from a chancroid. About 1890 the connection between syphilis and paresis was recognized, and in 1903 monkeys were successfully inoculated. In 1905 the spirochete was discovered, followed shortly by the Wassermann test and later by Salvarsan. Then came Nogouchi's method of cultivation. A year later spirochetes were discovered in the brain in paresis. Only last year salvarsanized serum came into use. The infection is a protozoan one, its only analogue being that of the sleeping sickness. Paresis and tabes show a positive Wassermann in 95% of cases. He made a plea for greater breadth than scope of our health laws in dealing with the problem of syphilis.

(2) Dr. Beling said that it is important to remember (contrary to general opinion) that the central nervous system is involved soon after the primary infection so that an early diagnosis is imperative. He described the Swift-Ellis method of intra-spinal injection of salvarsanized serum. The spinal fluid is commonly found to show an increase in the number of cells, and in the percentage of globulin and in most advanced cases a positive Wassermann. A negative Wassermann, however, in the blood is no evidence that the nervous system is free from the disease. As to the results of this treatment, the organic symptoms remain unchanged, the general condition improves, and there is relief from pains, especially after the second treatment. A few early cases have been considerably improved. The results in paresis have been negative. In cerebro-spinal syphilis there has been improvement shown.

(3) Dr. Martland said that syphilis is a matter for health boards to deal with. In Newark the health board offers free Wassermann tests and free beds for venereal diseases, notifications being voluntary but invited by all physicians. The Wassermann test is often negative in the primary stage although 40 to 60 per cent. are positive. In these cases we should examine for the treponema pallida, which can easily be found in the scrapings of the majority of chancres. The Wassermann test is strongly positive after the rash appears, being present in practically 100% of cases. Then it drops to 60 or 40 per cent. after the fifth year.

Stereopticon slides and pathological specimens were used to illustrate the paper.

Dr. Thorn said that they had treated six cases at Morris Plains by the intra-spinal method, with improvement in only one case, all having had several treatments. His results in paresis were unsatisfactory.

The papers were also discussed by Doctors Pulsford, Fisher, English and Jaquith.

The meeting adjourned and a bountiful repast was served in the spacious dining room of Fair Oaks.

OTHER ORGANIZATIONS.

State Pediatric Society.

A public meeting of the New Jersey State Pediatric Society was held in the Auditorium of the Chamber of Commerce, Trenton, on Tuesday evening, March 10th. A large audience, composed of physician,s clergymen and educators, was present. Dr. Martin J. Synnott, of Montclair, president of the society, presided. The principal address of the evening was made by Dr. J. P. Crozer Griffith, Professor of Pediatrics in the University of Pennsylvania, his subject being, "Neurotic, Psychopathic and Hysterical Children."

Dr. Theodore LeBoutillier of Philadelphia, and Dr. Henry L. Coit of Newark, also made addresses.

Altogether this meeting was the largest and most successful yet held under the auspices of the society.

International Congress of Ophthalmology.

The twelfth International Congress will be held at St. Petersburg, Russia, August 10 to 15, 1914.

The committee for the United States includes Dr. G. E. de Schweinitz, 1705 Walnut street, Philadelphia; Dr. E. E. Blaauw, Buffalo; Dr. A. Knapp, New York; Dr. A. Barkan, San Francisco, and Dr. W. H. Luedde, St. Louis. The subjects appointed for discussion are etiology of trachoma, and nutrition of the eye. Further particulars may be obtained from either of the above named members of the American Committee.

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APRIL, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

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OUR ANNUAL MEETING.

Do not forget the date of the Annual Meeting of our State Society—Monday, Tuesday and Wednesday, June 29 and 30 and July 1, 1914, at the New Monmouth Hotel, Spring Lake. It will be an excellent meeting. An outline of the program will be given in the next issue of our Journal. *Make YOUR plans to attend all the three days' sessions.*

PATRONIZE OUR ADVERTISERS.

We repeat and emphasize the article of the chairman of our Publication Committee, Dr. Chandler, in the October Journal:

"Our Journal stands well when compared with other State journals, both as to the quantity and quality of its reading matter. But we should not rest satisfied with this. We should strive to make it better, larger and more attractive to the many able writers among our members. This means a larger expenditure of money. Our revenue is derived from two sources—subscriptions and advertisements. All but five or six of our members are also subscribers so that we cannot at present very materially increase our subscription list from within the society, but we can very decidedly increase our revenue by making our journal more attractive to the advertisers, and that matter rests entirely with the individual members of the society.

The little legend inserted herewith contains the keynote:

> *You want a larger and better journal*
> YOU CAN HAVE IT BY WRITING OUR ADVERTISERS: "I SAW YOUR AD. IN OUR STATE JOURNAL."
> FAVOR THOSE WHO FAVOR US

If every one of our members would act on this principle the financial problem would be speedily solved. *Patronize your advertisers."*

We may add the statement that only ethical advertisements of reputable firms are admitted in our Journal so that by patronizing our advertisers we are not only helping our Journal but also serving ourselves and our patients' best interests in securing reliable goods.

PRIZE ESSAY.

Do not forget the Prize of $100 for the best essay, open for competition to the members of the Component (County) Societies. The subject is The Reduction of Infant Mortality; How Can It Be Best Accomplished? The essay must have special application, in the measures suggested, to the needs and the practical methods of meeting them for the reduction of infant mortality *in the State of New Jersey.* The essays must be in the hands of the chairman of the committee, Dr. D. C. English, New Brunswick, on or before May 15, 1914. See conditions of award on page 310 of the November 1913 Journal.

ATTITUDE OF THE LAY PRESS TOWARD OUR PROFESSION.

We speak of the attitude of the newspaper and other lay periodicals toward the medical profession in no spirit of animosity because of its effect on the members of our profession financially. Of course we realize that it is a serious thing to lower public confidence in the profession, because the unreflecting and ignorant are robbed thereby of the full benefits which that confidence secures to them and the doctor is hindered in doing his best when lack of confidence leads to carelessness on the part of his patients in implicitly following his directions, or yielding to the suggestions of remedies by calling friends, or to the use of improper, harmful or destructive nostrums which the newspaper advertises as "sure cures," often with fraudulent testimonials.

We recognize the fact that the attitude of a large number of newspaper publishers

and editors toward the medical profession is honest and manly; that there is a growing tendency to respect our profession's altruistic endeavors and to serve the public by keeping their papers clean and free from nostrum advertising even at considerable loss of income. We call attention to an editorial taken from the Texas State Journal of Medicine on page —. All honor to such publishers; they are honoring their calling by rendering great service to the public in refusing to lend their aid and influence to nostrum exploiters who for greed of gain are robbing the people of what is of vastly more value than money—of health and life.

There is another class of publishers and editors, whom we pity for their short-sighted policy of thoughtless, if not inimical, criticism of medical men and medical measures that are designed for the public good, or of pandering to the money-making exploiters who are willing to pay well for advertisements. Some of them do not hesitate to misrepresent and malign members of our profession, who they know, or ought to know, are altruistically endeavoring to serve the people, as the first class of publishers, mentioned above, at considerable cost financially.

We were pained last month to see in two of the better class of newspapers—among the best in our State—editorials and communications which misrepresented us, not intentionally, but, we believe, were inserted without due thought, possibly through the misleading suggestions of others. They will be found on pages 204 and 205.

In our legislation work as a profession we have sought the enactment of wise laws for the protection of the public—*not for the protection or advantage of the medical profession.* The medical men in our Legislature—Drs. William E. Ramsay and Thomas Barber, in the Senate, and Dr. H. O. Carhart, in the Assembly—have rendered splendid service to the State and its citizens. They have strongly advocated legislation concerning which our profession is preeminently entitled to speak with authority and they have fairly dealt with those honestly differing with them on all such bills, yielding to amendments which did not vitally nullify essentials that wise safeguarding of the public demanded.

We shall say more concerning the legislation of this year's session in our next issue and also offer some thought on the Economic Welfare of the Profession.

WHY IS THE COUNTY MEDICAL SOCIETY?

An editorial reprinted in the January number of this Journal from the Delaware State Medical Journal concludes in this wise: "To sum up: Every Doctor should become an active member of the County Medical Society because:

1. It is the Doctor's Exchange; 2. It is the Doctor's Headquarters; 3. It is the Doctor's Civic Center; 4. It is the Doctor's Social Center; 5. It is the unit of the American Medical Association."

Now this summary revived some questions which had for some time been more or less active in the writer's mind, and which he regards as of vital importance to every member of a County Medical Society—if not to every physician who is not, but ought to be a member.

One must take exception to the above conclusions as to the manner of stating all but the first and the last. With respect to our own County Society, which may probably be taken as fairly representative of others in this State, the second, third and fourth statements must, to be exact, read *should be,* instead of *"is."*

Regarding the first proposition, that the County Medical Society "is the Doctor's Exchange," assuming that to mean exchange for scientific ideas, one must admit its truthfulness; so also with the last—that it is "the unit of the American Medical Association." The organization of County into State Societies and these again into a National Organization makes the proposition self evident.

Most if not all of the County Medical Societies fulfil both of these qualifications satisfactorily, except for the fact that they do not, as they should, represent as large a proportion of the practitioners in the various counties as they might, and we believe that this defect may be very largely corrected by a wide awake campaign for the extension of membership.

It is most desirable for the accomplishment of any or all of the evident purposes of a County Society that it should enroll as nearly as possible all of the reputable physicians within the county limits. Taking our own county as an example of a fairly prosperous medical organization, as such matters exist at present, it must be admitted that about one-third of the presumably reputable practitioners are "outside the fold." For the medical profession to be a power in the community, it must be

a unit and it seems altogether probable that the outside fraction could be reduced to a much smaller one—and possibly be entirely absorbed by the work of a live membership committee of a size commensurate with the number of non-members to be reached and appointed with a proper sense of geographical location as well as influential qualifications.

However representative a County Society may be, if its work be limited, as so often is the case, to scientific papers and discussions, it but poorly fulfils its intended mission. Our constitution, and doubtless those of most County Societies, distinctly enjoins upon us the advancement of the material welfare of the members. It specifically provides that at least one meeting each year shall be devoted to a consideration of ways and means—and yet to my knowledge we have held no more than two such meetings within the past ten years. In our opinion an even better provision would be the devoting, regularly, at say every second meeting, of 15 or 20 minutes to a practical discussion of material betterment, coupled with the work of a "good and welfare" committee, which may report if it sees fit at any session.

It is a well recognized fact that members of the medical profession, perhaps more than those of any other vocation or calling, are remiss as regards any systematic endeavor to promote their legitimate economic interests and the County Society is the logical center from which such efforts should radiate. Were such a practice general it would no doubt result in something of the same sort being taken up by the State Society where it now is limited to the very commendable "Medical Defense" and an occasional bit of legislation secured.

Our sister State, New York, now has an influential society for the promotion of "Medical Economics" and whether some such independent association shall be organized in New Jersey or whether that work shall be taken up and carried out in a larger degree than it now is by the State Society is a matter which must soon come before the profession as a vital issue.

The existing County Medical Society is a more or less satisfactory "Doctor's Exchange," but it is not, as it ought to be, the "Doctor's Business Headquarters." Neither is it, furthermore, the "Doctor's Civic or Social Center."

At a recent "Annual Dinner" of our Society one of the speakers, who holds a position of trust and authority in the city government, took occasion—and with justice—to criticize us for our apathy in regard to civic matters. It was not a little humiliating to hear one of the city's rulers say that suggestions, advice, and plans concerning public health, sanitation, housing conditions, planting of trees, location and arrangement of parks and playgrounds, etc., in all of which we should be interested, would be gladly received and given due consideration by the heads of civic government.

To be sure there are now and then individual members of the profession who do make themselves heard and their influence felt on these subjects, but how much better would be the counsel and how much greater its influence were it to come as a mature deliberation and convey the official sanction of the profession at large as represented by the County Medical Society.

Our constitution urges, if not in precise terms, yet in spirit, that the County Society should make itself a real force in Civic Matters. The unfortunate fact is that this feature in most County Societies becomes a very minor or side issue.

Now as to the County Society constituting a Social Center, the idea probably is not that any particular effort as an organization should be made to influence or control the social affairs of the community, as usually understood—many reasons existing why that would be impracticable—but the society should be made, so far as possible, a means of social intercourse between its members, thereby encouraging personal acquaintance and friendships as well as discouraging such personal misunderstandings and antagonisms as sometimes unfortunately exist. The society should offer some means for more or less frequent social relaxation and recreation beyond what is afforded by the stereotyped annual dinner or the little luncheon after a meeting.

The ultimate ideal would be that of a Medical Club identical in membership with the Medical Society, with premises of its own, either rented or owned, where social gatherings of members, few or many, could be of frequent occurrence. The chief obstacle to the adoption of such a plan would be the matter of expense. No doubt in some of the counties, especially those which are chiefly rural, nothing of the kind can at present be inaugurated, but it would seem that in the Counties which contain cities of some importance, it might be feas-

ible already by a moderate increase of dues to secure modest apartments, centrally located, where this scheme could be given a trial with a view to promoting good fellowship and general *esprit du corps* in the society at large. If the members were shown that an increase of five dollars in annual dues meant that much added value received, they will not be slower to appreciate and make that investment than any other class of individuals, and even such a modest beginning might result before long in many if not most of our Societies having quarters of their own, suitable for both professional and social purposes, and serving as an insignia of the standing and worth that rightfully belong to us and that will tend to give us the civic influence we should exercise in the community. Why may we not now begin to plan for a wider sphere of activities, both intrinsic and extrinsic, in the future?

F. D. Gray.

CORRECTION.

We deeply regret that an error occurred in the printing of Dr. John S. Yates' excellent paper on Contract Practice, which appeared in the March issue of our Journal, and which escaped detection in proof reading. The sentence beginning on the last line of page 127 reads "The present, or shall I say the recent method of compensating the lodge physician—by paying him one or two dollars per capita per annum, is excusable," it should have been, "is *in*excusable" Such a mistake is almost inexcusable and we apologize for the oversight in proof reading by both the printer and the editor; it is singular that both should have overlooked the error.

A Physician Wanted.

Dear Doctor English:

I am in receipt of a petition, signed by about one hundred residents of Bethel, Sullivan County, New York, requesting me to aid them in securing the services of a physician for that town and vicinity. I am well acquainted with this region and know personally some of these petitioners.

Bethel is a small village immediately adjoining the town of White Lake, which, in summer, is a very popular resort, containing many hotels and boarding houses, and is, during summer, a lively and busy locality.

Liberty lies ten miles to the north and Monticello eight miles to the east, both towns being populous centres.

Medical practice at Bethel, in winter, would be the ordinary country practice in a rather sparsely settled region and in a climate that is severe. The winters are long and cold. The people are generally fairly well to do and there is little abject poverty. In summer a physician would be very busy in a delightful climate and should make a good income.

There is no physician now at either Bethel or White Lake. During recent summers and since the death of the local practitioner, the work has been attended to in a way by city physicians, who, either for health or a desire for change, or perhaps to reap the golden harvest of summer, have spent the months of warm weather there, but these men have always left for the cities as soon as cold weather began and the people have been left alone to struggle through the winter as best they could. In serious cases they have had to send to Liberty or Monticello for medical advice.

It would seem to me that this might be a great opportunity for one of the younger men of the profession and so I venture to ask you to publish this communication in the hope that it will be read by some one disposed to seek such a field. Sullivan County is fast becoming a great health resort and there would be no lack of profitable practice for the medical incumbent.

I should be glad to show this petition to any one interested or to give them any additional information which I may possess and which might assist one in arriving at a decision concerning the desirability of the field.

Charles D. Bennett.

Newark, N. J., March 25, 1914.

International Surgical Association.

The fourth congress of this association will be held at the Hotel Astor in New York City, lasting four days, beginning Monday, April 13, 1914. This is the first time that the congress has ever had a meeting outside of the city of Brussels, where the first one was held in 1905, and repeated every three years. The membership of the association is limited to a certain number from each country. The membership in the United States is about one hundred. The president of the fourth congress is Professor Depage of Brussels, Professor Willems of Ghent is president of the International Committee, and Dr. L. Mayer of Brussels is the general secretary. The local secretary is Dr. J. P. Hoguet, 40 East Forty-first street, New York City.

The American Society for the Control of Cancer has arranged for two public meetings in connection with the above Congress. The first will be held at the Academy of Medicine, April 10th and the second at the Hudson Theatre, April 11th, both in the evening. Drs. W. J. Mayo and J. C. Warren and Mr. F. L. Hoffman will be the leading speakers.

Lectures by Drs. Bulkley and Bainbridge.

The governors of the New York Skin and Cancer Hospital announce a course of clinical lectures and demonstrations in the Out-Patient Hall of the Hospital at 4:15 on Wednesday afternoons during April by Dr. Bulkley on the general subject of syphilis. The lectures will deal with primary lesions, the early and late manifestations, marital and hereditary syphilis, and the treatment of syphilis. On Thursday afternoon, April 30, Dr. William Seamon Bainbridge will lecture in the same place on "Some Practical Phases of the Cancer Problem." The course is free to members of the medical profession on the presentation of their professional cards.

THE ATTITUDE OF THE LAY PRESS TOWARD OUR PROFESSION.

The Lay Press and the Advertising Quack.

Extracts from an editorial in the Texas State Journal of Medicine, March, 1914:

A short while ago, quite a discussion was indulged in through the correspondence department of the San Antonio Light relative to the status, so far as the public is concerned, of the "quack." A correspondent under the title "Honesty," refers to the work recently done by the Chicago Tribune in ridding the city of the "quack doctors who prey upon the public," and asks why The Light does not do the same thing in San Antonio. The Light, replying, throws off on the Texas Libel Law and cites some very interesting incidents to establish the justice of its position in doing so. It seems that some milk dealers were at one time arrested for putting formaldehyde in their milk for preservative purposes, and the charges were clearly proven against them; and yet The Light was afraid to publish their names because of the libel law in this State. The Light has evidently forgotten the several votes of thanks tendered by medical societies, for its splendid write-up of the celebrated "Phenomenal Lafayette Berry" case. In this case, it will be recalled, the defendant was being tried for practicing medicine without a license—and was convicted. The Journal published an account of the trial, for which it was sued under the libel law to the tune of $50,000; that is, suit was entered for that amount, the case being thrown out of court immediately that it came to light on the docket. We do not believe that the libel laws would materially interfere with the newspapers of Texas, if they honestly desired to shield the public against these ghoulish imposters. It may be that it would be asking too much of them to take chances with the libel laws—and we hasten to agree, before we forget it, that these laws are essentially unjust, but if they really want to help, or if they would but for the danger of damage suits, expose these fakers, like the Tribune did in Chicago, The Star in St. Louis, and The Item in New Orleans, let them simply refuse to accept their lying advertising matter, and practically all of them will pass from the scene of action. The Dallas News tried this once, and straightway several of the leading advertising fakers of that city folded their tents and silently stole away. This proposition was laid before a director of one of our leading dailies, who happened to be a man of conscience, and he took the matter up with his business manager, who very promptly informed him that his plan would take away practically $1,000 per month from the gross income of the plant, and that the business could not stand it. Touching this point, it is the testimony of those publications, both lay and medical, which have cleaned their advertising pages, that good business will be gained sufficient to take care of the space formerly occupied by this dirty business, and at a better price. Advertisers, in this country, are themselves beginning to demand good company, and they are eventually going to control the situation on their own account. The Printers' Ink bill and the "Truth" emblem are evidences of this tendency—about which we will have more to say at another time.

We have already referred to the action of The Dallas News in denying the worst offenders representation in its columns. It remains fairly clean, and is entitled to our appreciation. One other newspaper has taken the same step, The Beaumont Journal, which is absolutely clean, and which is also entitled to honorable mention. Will The Light be the next? In Chicago, St. Louis, New Orleans and Beaumont it is said that the medical profession was a unit in supporting the press in this movement. Will Bexar County pledge its support to The Light or The Express? Why may not county societies and other public health agencies all over the State take up this matter with the big dailies? It is our opinion that no agency in the State is more potent for good and more willing to do good than the lay press. Many of these publications are operating not for profit alone, but for the upbuilding of their several communities. They can well afford to make the temporary sacrifice of income required.

An Allopathic Dose.

From the Newark Evening News, March 16th.

As an amendment to the act regulating the practice of medicine, a bill, introduced by Dr. Thomas Barber of Warren, was passed by the Senate last week and is now pending in the House. The measure is very sweeping in character and is calling forth considerable protest.

It provides that any person, other than a licensed physician, "who holds himself or herself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, or who shall either offer or undertake by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition," shall be guilty of a misdemeanor, subject to fine and imprisonment. Christian Scientists and osteopaths are excepted from the provisions of the bill.

Certainly, this is sweeping enough, and if enforced as it stands, would put out of business chiropodists, optometrists or anybody else who did not meet with the recognition and approval of the licensing board. When pending in the Senate, it was declared that its provisions would prevent a child's grandmother from fixing a mustard plaster for a "tummy-ache."

The Journal of the New Jersey Medical Association declares the bill is right in principle and ought to pass, though it will "be fought by every quack and every nostrum vender and every ignoramus whom they can, by deception and fraud, influence." Furthermore, the same publication declares the bill will be opposed "by other men who dare to trifle with human life for selfish ends or for the supposed advantage of partizan politics."

This quoted language is a little strong, but not quite so strong as the bill itself seems.

It is certainly a legitimate thing to endeavor to put frauds and charletans out of business, but the method of doing it by leaving the decision as to what is good practice and what fraud in the hands of a particularly interested branch of the medical profession is, to say the least, very dubious. The business of paternalizing the people by a particular chosen clique and profession can be badly overdone, and may lead to the

check on all future progress on independent lines.

The following appeared in the "News" on March 23rd.

To the Editor of the News:

Sir—I read your editorial in relation to an amendment to the act regulating the practice of medicine. When you ascertain the facts about oculists, optometrists, opticians and eye-glass fakers as well, you will decide not to be "dubious" in this matter.

The editor of the medical journal quoted makes statements that are deceptive and calculated to induce people to make wrong deductions. He would not dare state facts about the majority of oculists in this country, and also many physicians. I can give facts about many oculists with whom I have had dealings in New York, Philadelphia and Washington that would astound you.

Dr. Barber and the editor of the New Jersey Medical Journal are not sincere men, and they know it. The eye defects in the majority of cases are due to malformations and can and are corrected mechanically, and the good optometrist can do this as well as an oculist.

When treatment is required or the knife used it is a matter entirely different.

Many opticians and optometrists are robbers. There are some oculists and optometrists who have a conscience. Ask an oculist with a conscience, in a confidential way, and he will confirm my statements about oculists.

"Fixing a mustard plaster" is stating the case exactly, and I will say if this bill becomes a law there will be such an upheaval in this State as will cause the Mexican war, the Hay-Pauncefote treaty, the Panama Canal and the "Wilson-McAdoo treaty" to be entirely forgotten. You will not regret it if you oppose this bill.

I am an optometrist and optician, not in practice at present, and write this for your information. W. H. H. Peters.

(We call attention to a sévere charge by this writer—"Many opticians and optometrists are robbers."—Editor.)

At the suggestion of another doctor we replied to the News' editorial and this Peters communication as follows:

To the Editor of the News:

Dear Sir—I have been asked to reply to an editorial in your paper of the 16th, headed "An Allopathic Dose," and a communication by one "Peters" who is out of practice—as an optometrist and optician—but is anxious to "write for your information." I will briefly say that I believe any fair-minded reader who cares to give thought to the subject and discern the true inwardness of the opposition to the Medical Practice Bill, which has passed the Senate—an act that is not in the interest of a single "branch" or "clique" of the medical profession, as the editorial intimated. I believe it is the judgment of the entire profession—all branches—that it is in the interest of the people and not for the profession's benefit. I believe that was shown in the editorial in our Journal.

Concerning the communication in this evening's News, I make no reply whatever to its personal references. We said nothing whatever about optometrists or opticians. If the shoe fits I am not to blame if he puts it on. I must confess that I do not care to see that terrible "upheaval that will cause the Mexican war, the Hay-Pauncefote treaty, the Panama Canal and the 'Wilson-McAdoo treaty' to be entirely forgotten," that may come if this Medical Practice Bill is passed!

We note: The bill passed the Senate, the latter part of week before last; the editorial in the News appeared on the following Monday; the Assembly did not act upon it that week; the communication appears this Monday evening; will the Assembly be influenced by it this week? We hope it will not fear to act because of an expected "upheaval."

We medical men ask not a single vote for the bill as a favor to the medical profession—to conserve or promote its interests. We ask its passage because we know it means the conservation and promotion of the health and life interests of the citizens of New Jersey.

D. C. English.

New Brunswick, March 23, 1914.

Camden Daily Courier, March 26.

In explaining why the Senate Committee on Public Health is holding up the bill for the regulation of optometrists in the State, the Jersey Journal says: "Two country doctors are members of this committee and control it; that tells the story." The Senators referred to are Dr. Ramsey, of Middlesex, and Dr. Barber, of Warren, who are supposed to be opposing the bill in the interest of country doctors who are in the eye glass business. The object of the optometry law is to protect the afflicted from fake eye doctors and "spectacle" dealers, and as most of the States have such a law in effect there is no substantial reason why New Jersey should not adopt it for the welfare of its people.

We found the following "ads" in one of the daily newspapers of the better grade, but which does not approve the Medical Practice Act. Why?—Editor.

"The Glasses You Need, can be fitted only after a skillful eye examination."

"Dr. Edwards' Olive Tablets. They bring about that exuberance of spirits, that natural buoyancy which should be enjoyed by every one," etc.

"St. Jacob's Oil. Stop dosing Rheumatism. It's pain only; not one case in fifty requires internal treatment."

"Jad Salts. If kidneys and bladder bother, take salts to flush the kidneys," etc.

"Resinol, the skin treatment that acts instantly," etc.

"California Syrup of Figs. A happy child in just a few hours. Children love it. No difference what ails your little one."

"Diabetes Loses Its Terrors. This harmless remedy should relieve the patient of his worst symptoms, in the most exaggerated cases, within a week," etc.

"Convulsions and Bright's Disease." Case is cited of "Man in bed at the point of death nearly nine weeks. Doctor said he was liable to die at any moment. There was dropsy and the eye symptom and he had reached the convulsion stage. Fulton's Renal Compound cured him."

Free Speech—A. G. Crandall, Publisher.

(We take this from "The Publisher's Viewpoint" in the Monthly Cycleopedia and Medical Bulletin, Philadelphia.—Editor.)

One of the accredited privileges of our natural existence is that of free speech. The most conspicuous example of free speech is the newspaper, to be found in all the cities, towns, and a considerable number of hamlets. The slightest suggestion of any curtailment of newspaper freedom is sufficient to start an avalanche of denunciation from one end of the country to the other. Yet this same privilege of free speech is pretty expensive.

In order that many thousands of newspapers may exist and protect our liberties, it seems to be necessary for most of these newspapers to secure part of their revenue from the advertisers of all kinds of noxious patent medicines.

To estimate properly the benefits of free speech as symbolized in the newspapers, it is necessary to write down on the other side of the ledger column the cost in money, in vain hopes and natural injury to health, of the illegitimate advertising which enables many of these newspapers to exist.

Some of the newspapers most prominent in criticising the ethics of others carry the most obnoxious forms of quack advertising. Every newspaper which runs an advertisement of a remedy which is recommended as an absolute cure for a serious bodily ailment should hear from its readers in the most emphatic terms of protest.

Therapeutic Notes.

Gouty Manifestations.

Debout, in Paris medical, is credited with the following combination, to be given in gouty migraine:

℞ Extracti colchici cormi.
Quininae sulphatis, aa gr. xlv (2 Gm.).
Pulveris digitalis, gr. xxiij (1.5 Gm.).
M. Fiant pilulae no. xxx.
Sig.: One pill every evening.

For the relief of acute attacks of gout, the following may be administered:

℞ Quininae sulphatis, gr. xlv (3 Gm.).
Fluidextracti aconiti, Mxx (1.3 Gm.).
Extracti colchici cormi, gr. viiss (0.5 Gm.).
Extracti belladonnae foliorum, gr. iij (0.2 Gm.).
M. Fiant pipulae no. xx.
Sig.: From one to four pills a day.—N. Y. Med. Jour.

Mumps and Pharyngitis.

Dr. G. L. Petrilli, in Policlinio, from experience in epidemics of mumps among Italian soldiers, says that epidemic parotitis is always preceded by an epidemic pharyngitis, of which the parotitis is merely a complication. He readily effected prophylaxis on this theory. Pure tincture of iodine was applied to the pharynx and buccal mucous membrane as soon as a case of mumps appeared, and the patient required to keep a tablet of potassium chlorate constantly in the mouth. The applications of iodine are made every morning throughout the course of the disease, with special attention to the gingival fold and the opening of Steno's duct. With these precautions the patient is allowed to mix with his comrades in the barracks, though each of them, perhaps already in the incubation period at the time, is subjected to the same treatment for four successive mornings.

Lumbago.

℞ Salicini.
Potassii bicarbonatis, gr. xv.
Caffeinae citratae, gr. vj.
Ft. pulv. tales, no. xij.
Sig.: One powder four times a day.—Med. Sentinel.

Nasal Catarrh.

The following has been well tried and gives excellent results:

Oil of pine.
Terebene, of each, ʒij.
Creosote.
Menthol, of each, ʒss.
Oil of cinnamon, m. x.
Oil of eucalyptus, q. s. ad ℥j.
M.

Directions—Sprinkle a few drops on a handkerchief or cotton-wool and inhale through each nostril separately, or put a teaspoonful into a pint of boiling water and inhale the vapors.

Oxaluria.

The following has been found useful where there is anemia and nervous atony:

Acidi Hydrochlorici Dil. ..... ℥ss.
Tinct. Ferri Chloridi ..... ʒij
Syrupi Simplicis ..... ℥ijss
Aquae ..... ℥viij
M. Sig.: Tablespoonful three times a day through a glass tube.—Critic and Guide.

Quinsy.

Placed on the tongue 5 to 6½ grains of dry orthoform or anesthesin powder will relieve dysphagia in quinsy, according to Dr. Hinsberg. A few movements of deglutition, without previous admixture of saliva with the powder, will bring it in contact with affected parts. The measure is also useful after operation on tonsils.

Vomiting—Treatment.

In a number of instances vomiting can be immediately arrested by means of the pyloric reflex of dilatation, which consists of pressure or concussion of the fifth dorsal spine.—Abrams.

The salt pack is one of the best remedies for getting rid of the irritability and synovial effusion in connection with rheumatic gout, according to Dr. Jonathan Hutchison. Wrap the affected joint with flannel cloths wrung from saturated brine of common salt. It should be covered with oil silk and a bandage and left on over night. It should be applied every night until results follow.

Dr. T. D. Crothers states that the method of administering chloral hydrate and bromide of potassium together is not to be recommended. The cumulative effects of chloral with its untoward effects upon the central areas of the

brain are said to be less when this drug is administered alone.

Chrysophanic acid salve 20 grains to the ounce of base, applied daily, and at the same time the acid taken internally, cures many skin affections, including ring-worm, eczema, herpes, dry and humid eruptions, acute and chronic.—Medical Summary.

During the course of fevers or inflammations of any kind, where the pulse loses its force and becomes slightly irregular or is inclined to general feebleness, and especially if there should appear a slight mitral leakage, give cactus, with whatever other remedies indicated, without fail.

When during the course of fevers there is headache with bad dreams, perhaps bad breath, the nervous system irritable, the tongue narrow, red, or of a dark color, give from ten to fifteen drops of hydrobromic acid in water every two or three hours and watch the rapid improvement of your patient.—Ellingwood.

Try cimicifuga in spinal irritation.

Tr. pulsatilla, applied locally, is useful in ovarian pain.

Scanty menses in plethoric women may be relieved by veratrum viride.

Aspirin in fine powder is a useful application to a follicular tonsil.

Pituitary extract or adrenlin is better than strychnia in impending collapse.

Equal parts zinc stearate, bismuth subnitrate and starch is an excellent application for chancroid.

To disinfect stools, add one-fourth their volume of quicklime and pour hot water over it. Set aside for two hours.

For dandruff, Brayton recommends 1 drachm precipitated sulphur and 30 grains salicylic acid in an ounce of ung. aqua rosae.

Two drachms each of the official mercury, belladonna and iodine ointments and 2 drachms of vaseline is a useful application to enlarged lymphatic glands.—Medical Council.

One drop of croton oil dissolved in 30 drops of chloroform and 1 ounce of glycerin, given at night on an empty stomach, followed in the morning by sufficient castor oil to purge well, will remove tapeworm.—Pennsylvania Medical Journal.

Edward E. Cornwall emphasizes several points about nitroglycerin. The general indications for its use are to relieve symptoms of localized arteriosclerosis or arterial spasm in vitally important regions of the body, and, when there is pain due to contracted or diseased arteries, in other regions; to reduce general high blood pressure if its continuance threatens accidents to the cardiovascular system; and to clear the diagnosis. The chief contra-indications to its use are either a low or a relatively low blood pressure; advanced chronic nephritis with very high blood pressure and toxemic conditions producing high blood pressure, as a rule; and the presence of an idiosyncrasy in regard to its action. It should never be used primarily as a heart stimulant. When placed under the tongue effects are as prompt as when injected subcutaneously. If given too long or in too large doses it can produce injurious effects, which, however, disappear when the remedy is discontinued.—J. A. M. A.

Hospitals; Epileptic Village.

Gifts to Paterson Hospitals.

The Paterson General Hospital, St. Joseph's Hospital and the Paterson Eye and Ear Infirmary are each to receive $2,500 under the will of Mrs. Sarah R. Barbour, who recently died in Paterson.

St. Michael's Hospital, Newark.

The campaign to raise funds to enlarge and more fully equip the hospital was very successful. We understand it exceeded the $150,000 asked for.

Jersey City Hospital.

Plans are being made for the erection of a $250,000 addition to the Jersey City Hospital. The addition will be larger than the present hospital building.

St. Peter's General Hospital, New Brunswick.

The sixth annual report of this hospital has recently been issued and from it we gather the following:

It contains a ward for male patients with 14 beds; two wards for female patients, one with 10, the other with four beds. There are 23 rooms for private patients and three semi-private rooms with three beds each.

During past six years 4,605 patients were admitted to the hospital and 5,088 were attended in the dispensary. Thirteen Sisters and 19 lay nurses are caring for the sick. A handsome new brick building has been erected for the nurses home. A large maternity hospital building and a children's ward is to be erected this Spring, the money for which has been contributed. The hospital has a Training School for Nurses with a two and a half years course of instruction by the members of the staff, which consist of Drs. Donohue, Rice, Condon, Riva, Howley, Voorhees, Runyon, Illes and Gutmann.

The financial statement shows receipts of $27,085—including $18,241 from patients—and expenditures of $26,761.

One thousand two hundred and four patients have been treated in the hospital during the past year; 772 operations were performed, of which were 242 appendectomies, 56 herniotomies, 85 laparotomies, 26 salpingectomies, 38 ventral suspensions. There were 76 deaths as following: Alcoholism and concussion of brain, 2; apoplexy, 7; cancer of stomach, 2; cancer of uterus, 1; cholecystitis, 1; cerebral abscess, 1; chronic nephritis, 6; compound fractured skull, 2; cerebrospinal meningitis, 3; embolism, 1; extensive burns, 8; obstruction intestines, 3; gangrenous appendicitis, 3 (of 19 cases); general peritonitis, 2; pneumonia, 3; multiple injuries, 7: typhoid fever, 1; paralysis, 8; gunshot wounds, 7; phthisis, 3; septicemia, 3. 2,460 patients were treated outside hospital. There were discharged the following:

Cured, 1,059; improved, 15; unimproved, 3; deaths, 76 of whom 27 died within 24 hours after admission; patients remaining in hospital December 31, 51; average stay of patients, 14 days; collective days, 16,693; average cost per day per patient, $1.60; number of free patients, 677; pay patients, 527.

On the evening of March 11th, the graduation exercises of the Training School were held when six nurses received their diplomas. Dr. H. C. Voorhees presided and Dr. F. M. Donohue delivered the address to the graduates.

State Village for Epileptics.

The sixteenth annual report of the New Jersey State Village for Epileptics has recently been received. It is for the year ending October 31, 1913. From it we take the following:

Dr. David F. Weeks is superintendent and Drs. D. S. Renner, H. M. Chandler, H. M. Francisco and Grace W. Burnett, assistant physicians; Dr. R. W. Lockwood, resident dentist.

At the close of the year there were 457 patients in the Village, a net increase of 65 over the previous year. 150 beds have been added by the completion of two cottages for epileptics and a building for feeble-minded men. The hospital building—named by the Legislature "The Henry M. Weeks Hospital" in memory of the first superintendent—the father of Dr. David F. Weeks. Contracts have been awarded for a Custodial Building and two cottages for employees. The acreage of the Village has been increased to one thousand and five acres.

The treasurer's report shows $162,140 received from State Treasurer, $4,096 from private patients, $46,547 from county patients. Amount paid to State Treasurer, $53,033. The superintendent's report shows—98 epileptics and 26 feeble-minded men admitted during the year; 24 epileptics and 1 feeble-minded discharge; 24 epileptics died. The village has been free from contagious and infectious diseases and the health generally good. A few operations were performed including two for varicocele, one for hemorrhoids, 3 for hernia, two for chest wall abscess with good recoveries.

The study of case histories by means of Field Work has been continued, 558 case histories having been secured. Interesting charts of pedigrees are appended.

Steps have been taken looking to the removal of all feeble-minded men from the village to the colony at Menantico, Vineland, so that this village should care for epileptics exclusively; also for receiving at the village as many of the 358 epileptics that are in the State and County Hospitals for the Insane, as can be cared for in the present buildings. Interesting accounts are given of the training and entertainments for the inmates. Full statistical reports are also given.

The following number of patients have had no convulsions during periods indicated: 19 for two years; 4 for one year; 2 for nine months; 3 for six months; 11 for four months; 9 for two months and 17 for one month.

Marriages.

MORROW-WEBSTER—In New York City, February 14, 1914, Dr. Joseph R. Morrow, of Belleville, N. J., to Miss Mayme W. Webster, of Woodstock, Ontario.

PINNEO-SKILTON—At Rockville Centre, Long Island, March 18, 1914, Dr. Frank Wilcox Pinneo, of Newark, N. J., to Miss Mabel Irene Skilton, of Rockville Centre, L. I.

Deaths.

LEAL.—In the St. Joseph's Hospital, Paterson, N. J., March 13, 1914, Dr. John L. Leal of Paterson, from diabetes, aged 55 years.

Dr. Leal was born in Andes, N. Y., in 1858; he was the son of Dr. J. R. Leal, a well known practitioner in Paterson for many years. Young Leal after completing his early education went to Princeton College, from which he graduated. He entered the College of Physicians and Surgeons (Columbia), New York City, graduating therefrom in 1884 and after that was a student in the Post-Graduate School.

Dr. Leal then located in Paterson. In 1887 with the assistance of Doctors Philander A. Harris, Rush Neer, Henry Kipp, the late Michael Gilson and others, organized for the Paterson General Hospital its first out-patient department, where the sick could receive treatment without remaining in the hospital. Dr. Leal served in the out-patient department of the hospital until 1892, when he was elected a member of the medical board of the Paterson General Hospital. On his admission to the medical board, he was assigned to the surgical division, and ranked as visiting surgeon to the hospital. He performed his duty in that relation for about ten years.

He was appointed city physician in 1886, and health officer in 1892. He served for several years, being succeeded by Dr. Magennis, on his resignation. He was recalled to the health work, as a member of the board, in the first administration of Mayor McBride. He was a member at the time of his death. He was president in 1912-13. As health officer Dr. Leal made a notable record. He was known for his attention to duty and for his insistence on the enforcement of the law. James Fitzpatrick, one of the sanitary inspectors still on duty, who served under Dr. Leal, often speaks of his former chief's vigorous administration, mentioning his persistency in following up investigations, his requirement that inspections be complete and thorough, and his general detailed supervision of the sanitary work of the city.

Dr. Leal was in office when the smallpox epidemic broke out in 1894, and did work which will long be remembered. He prevented a "scare" by putting his foot down on promiscuous publicity, and forbade his subordinates to give out to the newspapers any information. When anything of importance developed he called in the reporters and gave it out himself, seeing to it that the actual developments were not kept from them. At other times he informed them of the progress of the epidemic so that they would be posted, but asked them not to print what he had said. It was during this epidemic that the old pest house, near the site of the present Isolation Hospital, was last used. Several people suffering from the dread disease were taken there, and cared for by a nurse who volunteered for the dangerous work. Dr. Leal aided the late Dr. Smith, then attending physician at the isolation hospital, in attending the patients. Supplies were left near the house by grocers, druggists and others. When the first patient during the epidemic died

here, Dr. Leal got a man to dig a grave near-y, and himself, with the assistance of the urse, carried the man out of doors, where an ndertaker and James Fitzpatrick, sanitary in-pector, conducted the burial on the almshouse rounds. This epidemic, and the hardships that vere undergone in handling cases in the old est house, prompted the building of the pres-nt finely equipped hospital. Dr. Leal was one f the first to urge its erection.

About 1896 or 1897, he succeeded Dr. William K. Newton as the sanitary superviser of the East Jersey Water Company. His duties in he advisory capacity for the East Jersey Water Company occupied so much of his time that he vas forced to relinquish his medical and sur-gical practice, and a little later he resigned his osition as visiting surgeon to the Paterson General Hospital.

From the time Dr. Leal began to practice nedicine he was greatly interested in public ealth and sanitation, and was a recognized uthority on the detection of pollution in water heds, and the methods of securing potable vater for municipalities. Incidentally he acted n an advisory capacity for the installation of vater plants for a number of the largest cities n the country, including the city of New York. He was elected president of the New Jersey Sanitary Association in 1905 and since then had een an honorary member of its executive ouncil. For many years he was one of its nost active members.

The doctor was an indefatigable worker and went most deeply into every subject which in-terested him. Those who are qualified to judge have pronounced John L. Leal one of the very best experts on potable water in the world. He took a great interest in the work of mos-quito extermination and when Passaic County had its first board appointed under the law he was made president. Only recently with his fellow members of the commission he attended a conference in Atlantic City of all the kindred county commissions in the State.

Dr. Leal was a member of the Passaic County Medical Society, the Medical Society of New Jersey and the American Medical Association. He was also a member of many clubs, including the Hamilton and Elks of Paterson, Union League Club of Jersey City and Princeton and Republican clubs of New York. He was a cor-responding member of many scientific societies, both here and abroad.

Dr. Leal married Miss Arrowsmith and one child, Graham, was the issue. Mrs. Leal died some years ago.

LEE.—In Camden, N. J., March 24, 1914, Dr. Thomas Lee, aged 83 years.

Dr. Lee graduated in 1876 from the Univer-sity of Pennsylvania and went at once to Glass-boro, where he started in the practice of medi-cine. In 1899 he left Glassboro and went to Woodbury. He was for several years a mem-ber of the Gloucester County Medical Society. During his years in Woodbury he spent his win-ters in California and was in poor health. In 1899 he moved to Camden and after this latter move his health steadily improved until the natural infirmities of old age overtook him. He was in his eighty-third year at the time of death.

Dr. Lee is survived by a widow, a daughter and one son, Dr. Thomas Lee, with whom he had shared his practice for the past few years.

LE FEVRE—In New York City, March 30, 1914, Dr. Egbert Le Fevre, LL. D. He was born at Raritan, N. J., in 1858. Graduated from the Medical Department of the N. Y. University in 1883. Was dean of that Medical College.

STRATTON—In the Philadelphia Hospital for Contagious Diseases, February 26, Dr. Al-fred Carty Stratton, of Florence, N. J., from scarlet fever, aged 24 years.

WELSHMAN—Suddenly, at the Grove Street crossing of the Lackawanna Railroad, March 19, Dr. George O. Welshman, of New-ark.

Dr. Welshman graduated from the College of Physicians and Surgeons, New York, in 1895. He had practiced medicine in Newark many years. He was instantly killed on March 16, when the automobile which he was driving was struck by an express train at the North Grove street crossing of the Lackawanna Rail-road. Dr. Welshman was a member of the American Medical Association and the New Jersey State and Essex County Medical Socie-ties.

Personal Notes.

Dr. Fred H. Albee, Colonia and New York City, sailed for Germany, March 28th. He will, by invitation, read a paper before the German Orthopedic Society this month and hold two or three clinics in Berlin.

Dr. Alfred L. Ellis, Metuchen, sailed March 28 for Europe, to spend two months of travel in Italy, France and England.

Dr. James S. Brown, Montclair, has an arti-cle in the Medical Record, Mar. 21, on "The Etiology and Surgical Treatment of Gastric and Duodenal Ulcer."

Dr. Theodore W. Corwin, Newark, addressed the annual meeting of the New Jersey State Dentists' Association at Trenton last month on "Co-operative Work of the Eye, Nose and Throat Specialists with the Dentists."

Dr. Britton D. Evans, Greystone Park, was one of the speakers at the annual banquet of the Road Horse Association of New Jersey March 12.

Dr. Thomas W. Harvey, Orange, has a paper in the Medical Record, March 21, on "Pituitary Preparations in Post-Operative Conditions."

Dr. E. Zeh Hawkes, Newark, entertained Dr. Thomas S. Cullen, of Baltimore, Md., at dinner at the Essex Club March 18th.

Dr. Marcus A. Curry, Greystone Park, was recently elected exalted ruler of the Morristown Lodge of Elks.

Dr. Walter R. Elliott, West Collingswood, was hemmed in by snow drifts during last month's blizzard near Berlin, and was forced to abandon his auto and it was some days before he got it back.

Dr. Alfred M. Elwell, Camden, and party en-joyed a three weeks' trip last month to Bellaire, Florida.

Dr. G. Howard McFadden, Hackensack, nar-rowly escaped death during the blizzard last month, while on his way home in an auto, by a fallen wire that crossed the road and was low enough to catch the upper part of the auto and lift it from the body of the car. Both he and his chauffeur were badly bruised.

Dr. William H. Lawrence, Jr., Summit, has resigned as a member of the Union County Mosquito Extermination Commission, being unable to give the time required.

Dr. Andrew F. McBride, Paterson, has been confined to his house by illness several days, but is reported to be convalescing.

Dr. M. Royal Whitenack, Newark, spent a few days last month at Atlantic City.

Dr. Duncan W. Blake, Gloucester City, is a member of the Camden County Grand Jury.

Drs. Richard D. Freeman and Mofford Runyon, South Orange, were reappointed last month members of the local Board of Health for two years.

Dr. Frank D. Gray, Jersey City, recently returned from a three weeks' trip to Porto Rico.

Dr. George L. Romine, Lambertville, has recently returned from a six weeks' stay at Rockledge, Florida.

Dr. Harry Vaughan, Morristown, spoke at the public hearing on local option before Senator Rathbun on March 21st, declaring that statistics proved that most of the criminals, lunatics and paupers come from liquor drinking and that far more is expended on institutions for these people than is received by excise revenue.

Dr. Gustav A. Becker, Morristown, was appointed by Judge Salmon last month as a member of the Board of Excise Commissioners. He has served for several years as director of the Board of Freeholders.

Dr. William R. Broughton, Bloomfield, and wife, who have been traveling in the South, returned recently.

Dr. Henry L. Coit, Newark, addressed the mothers at a meeting in Newark last month on "Better Babies," in connection with the Contemporary Club.

Book Reviews.

THE CLINICS OF JOHN B. MURPHY, M. D., AT Mercy Hospital, Chicago. Volume III, Number 1. Octavo of 190 pages, 91 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Published Bi-Monthly. Price per year: paper, $8.00.

Many of the cases reported in this number were shown by Dr. Murphy and other surgeons during the Clinical Congress of Surgeons in Chicago last November. Among other articles we notice, Lord Lister and Antiseptic Surgery, by Sir Rickman J. Godlee; Nitrous Oxide Anaesthesia, by George W. Crile; Metastatic Infections, by George E. Brewer; Gastric Ulcer and Gastric Carcinoma, by Mr. Herbert Paterson; F. R. C. S.; Ununited Fracture of the Ulna, Trans-Operation of Bone from the Tibia; Radical Operation for Carcinoma of the Breast, with Description of Dr. Murphy's Special Technic, etc.

PROGRESSIVE MEDICINE: A QUARTERLY DIGEST of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences, Edited by Hobart Armory Hare, M D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleman, M. D. Vol. XVI, No. 1, March, 1914. Lea & Febiger, Philadelphia and New York.

Among the various topics presented we observe the following: The Value of Roentgenology in Diagnosis; The Thymus Gland; Surgery of the Heart; Amebic Dysentery; Second Attacks of Scarlet Fever; Blood Pressure in Infancy; The Tonsils, Tonsilectomy, etc.; Syphilis of the Ear; Osteosclerosis, etc.

THE MIDWIFE IN ENGLAND, BY CAROLYN Conant Van Blarcom, R. N., Secretary of the Committee on Blindness, N. Y., with an Introduction by J. Clifton Edgar, M. D. December, 1913. 130 E. 22nd street, New York.

This is one of several reports made by the Committee on Blindness. There is no doubt but that this country is far behind our mother country in its statutes as to the training and licensing of midwives. As 50 per cent. of all blindness is preventable and as the main cause of this preventable blindness is ophthalmia neonatorum we can readily appreciate the necessity for statutory regulation of the practice of midwifery. We are glad to note in the "Summary of State Laws relating to the Training, etc., of Midwives in the U. S." that New Jersey is well in the van. However, too many midwives are licensed without examination and none of those licensed are subject to proper supervision. This is a matter requiring the attention of our law makers.

A SYNOPSIS OF MEDICAL TREATMENT BY GEORGE Cheever Shattuck, M. D., Assistant Phys. to Mass. Gen. Hosp., Second Edition, Revised and enlarged. Boston, W. H. Leonard, Publisher, 101 Tremont st., 1914. Price, $1.25.

This book is a brief compendium of modern treatment of some of the more frequently occurring medical diseases. To the busy man it is a valuable reminder of the most efficient agents and procedures in his daily work.

BOOKS AND PAMPHLETS RECEIVED.

Mortality Statistics—Department of Commerce, Bureau of the Census, Wm. J. Harris, Director. Prepared under the supervision of Cressy L. Wilbur, M. D., Chief Statistician for Vital Statistics, Washington, D. C. 2 vols., 1911 and 1912.

Digest of Comments on the Pharmacopoeia of the United States—Eighth Decennial Revision—Hygienic Laboratory, U. S. Public Health Service. Bulletin No. 87, pages 683-.

New and Non-Official Remedies, Containing Descriptions of the Articles which have been Accepted by the Council on Pharmacy and Chemistry of the A. M. A. 1913 Volume. Dr. W. A. Buckner, Secretary.

Thirty-Sixth Annual Report of the Board of Health of the State of New Jersey, 1912, and Report of the Bureau of Vital Statistics.

Report of the 39th Annual Meeting of the New Jersey Sanitary Association, Lakewood, December, 1913.

Twenty-Seventh Annual Report of the State Charities Aid and Prison Association.

The New Jersey Review of Charities and Correction, Newark, January, 1914.

One of the Pre-cancerous Conditions—Chronic Cystic Mastitis. Parker Syms, M. D., New York City.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
California, August	169	133	36
Idaho, October*	15	13	2
Kansas, June	82	78	4
Kansas, October	12	9	3
Kentucky, December	28	21	7
Massachusetts, July	137	94	43
Massachusetts, September	67	42	25
Massachusetts, November	70	36	34
Ohio, December**	21	20	1
Pennsylvania, December	120	108	12
South Carolina, June	121	81	40
South Carolina, November	45	23	22

*Two were also licensed through reciprocity.

**Twenty-one were licensed through reciprocity by the Ohio State Board, June 6, 1914.

There are now 16 States requiring one or two years of college work by students entering on the study of medicine. Iowa, Kentucky, Minnesota, North Dakota and South Dakota require two years. Arkansas, Connecticut, California, Michigan, Kansas, Pennsylvania, Rhode Island, Vermont and Utah require one year.

A Good Medical College.

Dr. P. G. Woolley, Cincinnati, says: The ideas of good medical colleges may be stated as follows:

1. A good medical school does not intend to assist in adding to the numerical burdens already heavy on the profession; it intends that the men it sends out shall be morally and scientifically fit, even if they be few in number.
2. It does not intend to let down its standards for the sake of students.
3. Students must be taught not only the present needs of medicine, but they must be taught to look ahead, be watchful and keep in touch with the future developments in their profession.
4. The duty of a medical faculty is not, primarily, to train men to make a living from the practice of medicine, but to make them agents of social improvement.

Where Are the Doctors?

From the Bayonne Times, March. 18th.

Managements of medical schools are expressing some alarm as to where the future supply of physicians is to come from. It is a profession that was formerly regarded as overcrowded. Yet figures just made up show only 17,015 medical students in this country now, against 27,615 ten years ago.

The financial outlook is not very encouraging to the young doctor. He can go back in some country town, in which happens to be a gap, and work up a practice in the arduous life of driving about the country roads. Or, if he goes to a city of some size, he may have to sit around his office for many years until he attains a recognized standing. He may get the business in less time if he has social gifts which give him prominence. But it is a ticklish thing to turn social relations into business ties.

Apparently a great many young men of scientific habit of mind, who used to become doctors, are now turning their attention to electricity, engineering, and other technical lines.

Public Health Items.

Scarlet Fever at Florence.

Florence, Burlington County, has had a severe epidemic of scarlet fever of severe type and great mortality. Five children in one home died from it. Dr. Alfred C. Stratton, whose death is announced elsewhere, by his unremitting care of the sick and forgetfulness of himself, gave his life in the struggle to stamp out the disease. The State Board of Health went to the town and with the local board soon got control of the epidemic.

Scarlet Fever Mortality in Trenton.

Scarlet fever continues to spread, despite the efforts of the health bureau, which is maintaining the strictest quarantine. There are now sixty-one cases reported, and while this is not a record, the mortality is running higher than in any other year of which the health bureau has a record. Dr. Fell, the health officer, said recently that the fever seems to be particularly malignant this year, and he warns all parents to keep complaining children from school and consult a physician.

Contagious Diseases in Camden.

The report of Health Inspector Dr. John F. Leavitt showed a big decrease in the number of contagious diseases, 51 less than the previous month and over 500 less than the corresponding period of last year, when measles was so prevalent.

At a meeting of the Health Board, Dr. W. H. Iszard, Food and Drug Inspector, suggested that in delivering bread, bakers have the loaves wrapped in waxen paper so as to eliminate all possible contamination from disease germs. From a sanitary viewpoint this is necessary and while not compulsory on the part of the 78 bakers in business in Camden, he hoped that they would cheerfully acquiesce in the suggestion for the good of the community, stated Dr. Iszard. He also reported making 250 inspections of milk and food providing establishments.

Bayonne Schools Medical Inspection.

Dr. F. M. Corwin, medical inspector, reported last month the following illness among the children during February: Scarlet fever, 7; diphtheria, 2; measles, 14; mumps, 7; chicken-pox, 12; whooping cough, 5; rash, 2; pediculosis, 22; impetigo, 3; scabies, 1; uncleanliness, 2.

Absentees—Illness, not defined, 142; bronchitis, 74; la grippe, 11; pneumonia, 2; tonsilitis, 41; tonsils and adenoids removed, 3; stomach ailments, 9; headache, 5; fever, 5; nervousness, 2; appendicitis, 1; injuries, 6; sores on extremities, 3; eyes, 5; ears, 1; teeth, 4. Total, 315. Making a grand total of 398.

Extensive Vaccination in Philadelphia.

Since February 11, ten quarantines for smallpox have been established and more than 15,000 persons vaccinated, which has cost the city $675. At present there are nine cases, all directly contracted from a man who came to this city from Baltimore.

The Spread of Trachoma.

Startling figures on the spread of trachoma were announced by the Public Health Service, Washington, D. C., March 20th, as the result of the examination of 37,299 school children in Jefferson County, N. Y. Out of 32,568 whites 797 were found affected, and out of 4,731 negroes only four. The service is at a loss to account for the difference between the races.

Politics and Health Administration.

Politics has been a curse of health administration in this country. Politics and sanitation do not mix. One of the important things is to divorce the two. Only those should be appointed to the position of health officer whose training adequately prepares them for the work. Such persons should be given compensation commensurate with their great responsibility, and the tenure of office and other conditions should be attractive so as to induce competent men to enter and build up the profession.—M. J. Rosenau in Vermont Med. Month.

Mortality Among Physicians in 1913.

From the West Virginia Medical Journal we note that during 1913, 2,196 physicians died in the United States and Canada, which, reckoning on an estimate of 150,000 physicians, would be a rate of 14.64 per 1,000. The age at death varied from 22 to 98, an average age of 59 years, 8 months, and 12 days, the number of years of practice averaging 32. The chief causes of death were senility, "heart disease," cerebral hemorrhage, pneumonia and nephritis. Of the 101 deaths from accident, one-third were due to automobiles.

Newspapers and Public Health.

From the Missouri State Med. Journal.

Continuing its campaign to make St. Louis the healthiest city, the St. Louis "Republic" has brought into co-operation activity several health-protecting agencies that were hitherto quite useless bodies; for instance, the State Pure Food and Drug Department, and the health committees from various clubs and civic organizations. We do not deprecate the past efforts of these workers, but everyone knows that no lasting good has resulted from their scattered and disconnected attempts to further the cause of public health. The destruction of a few cases of rotten eggs, the kerosening of a few pounds of tainted meat, the slushing of street gutters with a few gallons of fatless and formaldehyded milk here and there, angers the dealers whose goods are destroyed without reforming them. Not until the "Republic" entered the campaign was it possible to arouse the people to a realizaztion of the extent of the frauds practiced on them and of the filthiness of numerous restaurants, groceries and meat shops.

As a practical result of this campaign, a milk bill that will protect the people from fraud and deceit in their milk-supply has been introduced in the municipal assembly by the St. Louis Board of Health and undoubtedly will be passed, for it has the approval of not only the milk dealers but also of all persons who have been studying this problem. In the past all efforts of the Board of Health to obtain an adequate law governing the milk-supply have utterly failed. Many restaurants have cleaned up and grocers, butchers and bakers are learning that sanitary shops have a money value because the people are refusing to patronize the other kind. All this because one newspaper has begun a fight for the health of the people. If this campaign is sustained, and we have no doubt the "Republic" will continue its splendid work, St. Louis may easily become a model for other cities.

"Just Because."

In New York recently four million dollars were raised in two weeks by soliciting charitable contributions in behalf of the Young Men's and Young Women's Christian Associations.

This is, of course, a most worthy undertaking. But during those two weeks nearly 1200 residents of the city died of preventable disease, which is at the rate of 30,000 a year.

How many dollars would these same generous people have contributed to save these precious lives?

Scarcely any,—not because they are hard-hearted, but because—just "because." There is no other reason.

During the past year the federal government reports show that $4,600,000 was spent upon the forestry service. This is commendable foresight on the part of the government. But at the same time it spent but $2,500,000 for the direct protection of the health of nearly 100 million people, or to check the annual loss of over 600,000 lives from preventable disease.

Does the government really place a higher valuation upon trees than upon men? Not at all.

The reason we do things in this way is because—that is the way we do.

This may not be a good reason, but there seems to be no other.—The Human Factor.

Comparative Statements on a Basis of Bacterial Counts, of the Milks Certified by The Medical Milk Commission of the County of Hudson, for the Months February 16, March 16, 1914.

Samuel A. Cosgrove, M. D., Secretary.

Name.	High Count.	Low Count.	Average Count.	Rating.*
Borden's Condensed Milk Co. Earlville, N. Y.	7500	600	2900	3
Raritan Valley Farms. Somerville, N. J.	10,400	250	2720	2
Ravenswood Farms. Morristown, N. J.	9800	450	3128	4
Purity Farms. Pennington, N. J.	8800	650	2196	1

*The ratings are on the basis of average count.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, February, 1914.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending February 10, 1914, was 3,761. By age periods there were 661 deaths among infants under one year, 273 deaths of children over one year and under five years and 1,316 deaths of persons aged sixty years and over.

The leading causes of death are Pneumonia and Diseases of the Circulatory System. During the month 665 persons died from diseases of the heart and circulation, while the monthly average of such deaths for the past twelve months has been only 462.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending February 10, 1914, compared with the average for the previous twelve months, the averages given in parentheses:

Typhoid fever, 16 (23); measles, 38 (17); scarlet fever, 22 (19); whooping cough, 35 (33); diphtheria, 55 (49); malarial fever, 0 (1); tuberculosis of lungs, 363 (303); tuberculosis of other organs, 40 (45); cancer, 181 (177); diseases of nervous system, 317 (321); diseases of circulatory system, 665 (462); diseases of respiratory system (pneumonia and tuberculosis excepted), 356 (207); pneumonia, 441 (249); infantile diarrhoea, 78 (193); diseases of digestive system (infantile diarrhoea excepted), 157 (212); Bright's disease, 308 (251); suicide, 41 (37); all other diseases or causes of death, 648 (682). Total, 3,761 (3,281).

Bureau of Contagious Diseases and Sanitary Inspection—Reports of Communicable Diseases for January, 1914.

The total number of cases of reported communicable diseases received by the State Board of Health for the month of January, 1914, was 2,902, including typhoid fever, 70 cases; diphtheria, 566 cases; scarlet fever, 751 cases; tuberculosis, 763 cases; chicken-pox, 712 cases; malaria, 5 cases; anterior poliomyelitis, 8 cases; trachoma, 14 cases; ophthalmia, 12 cases, and anthrax, 1 case.

Typhoid fever, diphtheria, scarlet fever, tuberculosis and chicken-pox were reported as follows:

Typhoid fever: Atlantic 3; Bergen 1; Burlington 3; Camden 6; Cape May 0; Cumberland 4; Essex 7; Gloucester 0; Hudson 10; Hunterdon 0; Mercer 16; Middlesex 2; Monmouth 5; Morris 2; Ocean 1; Passaic 0; Salem 1; Somerset 2; Sussex 0; Union 7; Warren 0.

Diphtheria: Atlantic 11; Bergen 22; Burlington 4; Camden 40; Cape May 1; Cumberland 19; Essex 163; Gloucester 3; Hudson 151; Hunterdon 1; Mercer 17; Middlesex, 31; Monmouth, 12; Morris 2; Ocean 2; Passaic 45; Salem 5; Somerset 3; Sussex 0; Union 30; Warren 4.

Scarlet fever: Atlantic 15; Bergen 27; Burlington 22; Camden 11; Cape May 5; Cumberland 12; Essex 338; Gloucester 8; Hudson 108; Hunterdon 10; Mercer 72; Middlesex 35; Monmouth 5; Morris 6; Ocean 3; Passaic 11; Salem 9; Somerset 19; Sussex 8; Union 20; Warren 7.

Tuberculosis: Atlantic 17; Bergen 21; Burlington 8; Camden 49; Cape May 5; Cumberland 15; Essex 233; Gloucester 2; Hudson 223; Hunterdon 3; Mercer 40; Middlesex 31; Monmouth 9; Morris 9; Ocean 2; Passaic 41; Salem 4; Somerset 2; Sussex 7; Union 40; Warren 2.

Of the larger numbers of chicken-pox are: Camden 71; Essex 291; Hudson 55; Union 101.

Typhoid fever was slightly less prevalent in the month of January, 1914, than during the corresponding period in the preceding year. Diphtheria was reported from every county in the State but Sussex. There were 566 cases reported against 593 in January, 1913. Scarlet fever was reported from every county in the State, a total of 751 cases against 712 during the corresponding month in the preceding year. Tuberculosis was reported from every county in the State; 763 cases reported exceeds by 70 the number reported in January, 1913.

Bacteriological Dept.—Specimens for Bacteriological Diagnosis.

Specimens examined from suspected cases of diphtheria, 519; tuberculosis, 469; typhoid fever, 155; malaria, 12; miscellaneous cases, 125. Total, 1,425.

Division of Food and Drugs

During the month ending February 28, 1914, 589 samples of food and drugs were examined in the Laboratory of Hygiene, with the following results:

All the following samples were found to be above standard: The 9 of cream; 7 of dried fruits; 5 of jam; 4 of jellies; 5 of olive oil; 5 of syrups; 2 of vanilla extract; 3 of wine; 2 of cream tartar; 2 of magnesia; the one each of baking powder, cake, candy, canned cherries, chocolate paste, cream puff filler, egg color, lard, maple flavor, oleomargarine, pickled cabbage, sauce, sausage, sugar coloring, powdered borax and ground caustic.

The following were found to be below standard: 12 of the 197 of milk; 4 of the 46 of butter; 3 of the 7 of lemon extract; 5 of the 10 of cider vinegar; all 9 of aspirin tablets; 1 of the 6 of bay rum; 5 of the 8 of camphorated oil; 1 of the 8 of hair tonic; 10 of the 17 of hydrogen peroxide; 1 of the 4 of Jamaica ginger; 5 of the 28 of lime water; 9 of the 23 of spirits camphor; 14 of the 21 of tincture iodine; all 3 of toilet water; 2 of the 4 of tonics and 3 of the 23 of witch hazel.

Eighteen samples of oysters were examined during the month.

Eight suits were instituted during the month and seven days were spent in court by our chemists.

Bureau of Creamery and Dairy Inspection.

During the month 263 inspections were made, as follows: 221 dairies; 8 creameries; 2 milk depots; 32 ice cream factories.

Number of dairies scoring above 60% of the perfect mark, 131 (59.3%); dairies scoring below 60% of the perfect mark, 79 (35.7%); dairies relinquishing the sale of milk, 11 (5.0%); creamery licenses recommended, 1; ice cream factory licenses recommended, 4.

Twenty-two cow stables were disinfected on account of having housed tuberculous animals. These stables were located in the following counties:

Burlington 1; Cape May 1; Cumberland 1; Gloucester 1; Hunterdon 3; Mercer 4; Morris 2; Somerset 1; Sussex 6; Warren 2.

Twenty-two dairymen were sent notices to improve their methods in handling milk within a specified time. These dairies supply milk to the following municipalities: Atlantic City, Burlington, Lakewood, Perth Amboy, South Orange Township, Trenton and Wallington, N. J., and Philadelphia, Pa. The production and sale of milk was prohibited on five dairies, the milk from which was distributed in Atlantic City, Princeton and Wallington.

During the month of February the force of the Bureau have been principally engaged in continuing the investigation of the entire milk supplies of Burlington, Lakewood, Passaic, Perth Amboy, Princeton, South Orange and Trenton.

One ice cream manufacturer was cited to appear before the Board to explain why he had repeatedly violated their rules. On his promise to exercise more care in the manufacture of the product, he was given a further specified time in which to remedy certain conditions.

During the month ending February 28, 1914, eighty inspections were made in 42 cities and towns.

During the month the following articles were inspected, but no samples were taken: Milk 405, butter 295, food 857, drugs 631.

Fifteen thousand cans of tomato paste were condemned.

Other inspections were made as follows: Milk wagons 174, milk depots 21, grocery stores 340, drug stores 120, confectionery stores 1, slaughter-houses 21, meat markets 34, beer saloons 6, cold storage warehouses 27, produce stands 1, bakeries 4, investigation of barber supply establishments 2.

Meat Inspection: Calves—2 passed; beef—1 passed.

Bureau of Foods, Drugs, Sewerage and Water, Division of Sewerage and Water.

Total number of samples analyzed in the Water Laboratory, 172; public water supplies, 115; special public water supplies, 16; State institution water supplies, 1; private water supplies, 19; sewage samples, 19; trade wastes, 1; miscellaneous samples, 1.

Water supplies and water purification plants inspected at Allendale, Boonton, Bridgeton, Elizabeth, Frenchtown, Gloucester 3, Highlands, Kirkwood, Lambertville, Little Falls, Maple Shade, Merchantville, Millville (Millville Water Co.) 2, Moorestown, Mountain Lakes, Mount Holly, New Brunswick, New Milford, Rahway (Rahway Water Department), Ramsey, Raritan 2, Roebling, Summit 2, Trenton 2, Woodbury.

Watershed Inspections: Jersey City Watershed.

Sewage disposal plants and sewerage systems inspected at Asbury Park, Audubon, Bridgeton 2, Burlington 2, Caldwell, Chatham-Madison, Cillingswood, Essex Fells, Fairview, Haddonfield, Island Heights, Jamesburg (State Home for Boys), Keyport 3, Lakehurst, Lakewood, Margate City 2, Merchantville 2, Moorestown 4, New Brunswick, Ocean City, Princeton 4, Red Bank 2, Ridgewood, Sewaren, Trenton (Agasote Millboard Co.), Woodstown, Wortendyke.

Special Work: Sanitary survey of drainage ditch at Bivalve.

Stream inspections on the Delaware River and tributaries, Hackensack River, Lake Hopatcong and tributary, Maurice River, Passaic River and tributaries, Pompton River and tributary, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributary, Salem River, Whippany River and tributary.

Number of stream pollutions reported, 40; reinspections of stream pollutions made, 70; stream pollutions found abated, 11; notices to cease pollution issued, 22; cases referred to the Attorney General, 2; plans for sewage disposal plants, sewerage systems and extensions approved, 5; plans for water supply systems approved, 3.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1914, the following articles have been accepted for inclusion with "N. N. R.":

Farbwerke Hoschst Co.: Amphotropin.

Fairchild Bros. & Foster: Trypsin.

Hynson, Westcott & Co.: Phenolsulphonephthalein, H. W. & Co.; Phenolsulphonephthalein Ampoules, H. W. & Co.

H. K. Mulford Co.: Anti-Anthrax Serum, Mulford; antistreptococcus Serum Scarlatina, Mulford; Disinfectant Krelos, Mulford; Salicylos; Staphylo-Serobacterin; Strepto-Serobacterin; Typho-Serobacterin.

Essence of Pepsin, Fairchild: While in my letter dated December 31st, 1913, I advised that the Council had agreed to the request of Fairchild Bros. & Foster that the product "Essence of Pepsin, Fairchild," be described in N. N. R. under the new name "Pepsencia," the Council later reconsidered this action. The product is included in N. N. R., 1914, on page 110, under its old title "Essence of Pepsin, Fairchild."

Since publication of New and Non-Official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

H. K. Mulford Co., Philadelphia, Pa.:—

Serobacterins.—Serobacterins are emulsions of bacteria which have been treated by the application of the corresponding specific immune serum. Bacteria as treated are supposed to contain specific amboceptors so that immediate union with the complement of the patient's serum is said to occur. Hence, their action is supposed to be more rapid than that of ordinary vaccines. They are also said to be free from the negative phase and the general and local reactions produced by ordinary vaccines.

Staphylo-Serobacterin, Mulford.—This is a sensitized Staphylococcic Vaccine.

Strepto-Serobacterin, Mulford.—This is a sensitized Streptococcic Vaccine.

Typho-Serobacterin, Mulford.—This is a sensitized Typhoid Vaccine.—(Jour. A. M. A., Feb. 7, 1914, p. 457.)

Disinfectant Krelos, Mulford.—A solution of cresols or higher phenol homologues and rosin soap. The phenol coefficient, ranging from 5 to 7, is stated on the label. It is an antiseptic, germicide and deodorant. Mulford Antiseptic Krelos is an almost black liquid, having a

cresol-like odor forming a milk-like emulsion with water.

Anti-Anthrax Serum, Mulford.—It is prepared by immunizing horses against virulent anthrax bacilli.

Antistrepococcic Serum Scarlatinal Polyvalent, Mulford.—The serum of horses treated with streptococci taken from scarlet fever patients.—(Jour. A. M. A., Feb. 14, 1914, p. 537.)

Granular Effervescent Salicylos.—Each 100 Gm. contain strontium salicylate 6.54 Gm., ammonium salicylate 6.54 Gm. with an effervescing base of sodium bicarbonate, citric acid and tartaric acid. H. K. Mulford Co., Philadelphia, Pa.—(Jour. A. M. A., Feb. 21, 1914, p. 615.)

Armor & Co., Chicago.:—

Corpus Luteum, Capsules.—Each capsule contains desiccated corpus luteum, Armour 0.3 Gm.

Corpus Luteum Tablets.—Each tablet contains desiccated corpus luteum, Armour 0.13 Gm.—(Jour. A. M. A., Feb. 21, 1914, p. 615.)

Farberke Hoechst Co., New York:—

Amphotropin.—Hexamethylenamin camphorate, a compound of hexamethylenamin and camphoric acid. It combines the action of camphoric and hexamethylenamin, but is claimed to be free from the subjective gastric disturbances produced by camphoric acid and to be effective in smaller doses. It may be given dissolved in water or as Amphotropin Tablets containing 0.5 Gm.—(Jour. A. M. A., Feb. 28, 1914, p. 697.)

Thoughts for the Thoughtful.

I do the very best I know how—the very best I can; and I mean to keep doing so until the end. If the end brings me out all right, what is said against me won't amount to anything. If the end brings me out wrong, ten angels swearing I was right would make no difference. —Abraham Lincoln.

To live in the presence of great truths and eternal laws—that is what keeps a man patient when the world ignores him, and calm and unspoiled when the world praises him.—Balzac.

When men are rightly occupied their amusement grows out of their work, as the color-petals out of a faithful flower.—Ruskin.

"Write your name with love, mercy and kindness on the hearts of those about you and you will never be forgotten."

"To widen your life without deepening it, is only to weaken it."

"Don't worry when you stumble—remember, a worm is about the only thing that can't fall down."

Conflict of judgment and clash of opinion is not the bad thing that we sometimes take it to be. It is a way—yes, even a divine way, of progress. The radical who stirs up our inert conservatism may not be altogether agreeable to us, but we may need him just the same, and the man who opposes some of our pet plans and policies may be our good, though much disguised friend. To agree to differ is sometimes much better than to agree. Conflicts of judgment will never cease, but contempt of other folks' judgment ought to.—Selected.

The ideal is in thyself. The impediment, too, is in thyself. Thy condition is but stuff thou art to shape that same ideal out of. What matters it whether such stuff be of this sort or that, so the form thou give be heroic?—Thomas Carlyle.

It is the man of shallow brains who "knows it all." The wise man is always ready to say "I don't know" when he cannot answer a question intelligently and positively.

Don't Look for Flaws.

Don't look for flaws as you go through life;
And even when you find them,
It is wise and kind to be somewhat blind,
And look for the virtue behind them;
For the cloudiest night has a hint of the light
Somewhere in its shadows hiding;
It is better by far to hunt for a star
Than the spots on the sun abiding.

A Word to the Wise.

Don't laugh over other people's mistakes. You soon may be caught tripping yourself.

Don't imagine you know everything about any subject, for you don't.

Don't expect acorns to become oak trees in a day or a year.

Don't lose faith in humanity because you find an occasional "bad egg."

Don't quarrel with circumstances, or fret over what cannot be altered.

Don't decide that charity is a great mistake because you have sometimes been imposed upon.

Don't expect big things from a small mind.

Facetious Items.

Apropos of some recent revelations in high finance, the following revision of an old quotation suggests itself:

"The heights by great men reached and kept
Were not attained by sudden flight;
But they, while their companions slept,
Went through their pockets in the night."
—Business.

In the Insane Asylum.

Visitor—What is the matter with that wildly raging man in strait-jacket over there?

Keeper—He got that way trying to understand the income tax law.

Visitor—And what delusion can the man have who seems to be always smiling?

Keeper—He imagines he does understand it. —Baltimore American.

Stranger—My friend, why are you swearing so?

Cussity—Why? Because of a blank fool of a doctor. I got some pills for a pain in my back, and the directions read: "Take one a half hour before you feel the pain coming on."—Harper's Weekly.

The doctor told him that his ailment was "of long standing," whereupon Pat replied, "Begorra it must be convalescin thin, for the last doctor I called said it was deep seated."

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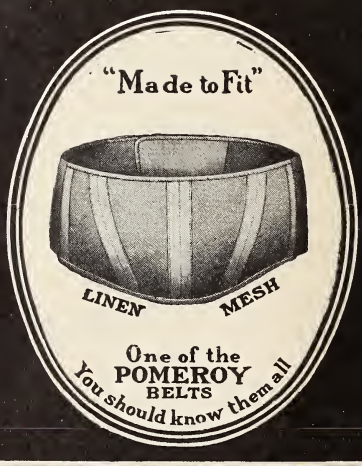

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ETHER ANESTHESIA BY THE OPEN METHOD.*

By Frank R. Widdowson, M. D.,

Anesthetist to the Gynecological Department, Jefferson Hospital, Philadelphia, Pa.

I am glad for the opportunity of being present at your meeting, and for the privilege afforded me of presenting a subject which, prior to ten years ago, held a very unimportant place in the minds of many of our foremost surgeons.

In the past ten years many agents have been tried to produce surgical narcosis and many methods employed, each agent and method meeting with a greater or less degree of favor as a means to that end. The results of these many trials have been to establish each agent more nearly in its proper field of usefulness and to place around each more of the proper limitations. The field of usefulness for some, of course, must necessarily be small, nevertheless we do regard each agent as being able to meet a certain condition better than any other.

For many years little attention was paid to the administration of anesthetic agents in sequences or combinations, and it is still looked upon by many surgeons as being unsafe, especially when chloroform-ether sequence is used. The reason for this state of affairs is, in all probability, due to the fact that anesthesia has been considered part of surgery and, under the surgeon's supervision, has been administered by an untrained assistant or nurse. This has resulted in the employment of one method and one agent, notably the drop method of ether in all cases, thus suiting the patient to the anesthetic rather than the anesthetic to the patient. According to recent statistics compiled by the Committee on Anesthesia of the American Medical Association, the death rate by the drop method of ether is 1 in 4,533 cases. This does not compare favorably with the chloroform-ether sequence of 1 death in 10,007, or the nitrous oxide-ether sequence of 1 in 6,424. The above-mentioned statistics seem to prove conclusively that the utilization of sequences and combinations have helped materially to reduce anesthetic mortality.

The use of these sequences and combinations in the proper time and place necessitates a thorough knowledge, on the one hand, of the physiological action of each agent employed, and on the other hand, of the physical condition of the patient to be anesthetized. The proper application of the many agents to suit the physical conditions present, or that may arise during narcosis, requires the services of one who possesses the above knowledge and is skilled in the art of administration. This gives abundant reason why a nurse or even the inexperienced physician should not be intrusted with this important duty. If a doctor were summoned to a case of pneumonia in its incipiency, he undoubtedly would not decide at the first visit to employ a certain drug during the whole course of the disease, regardless of any additional symptoms that might arise. It would be considered none the less rational for an anesthetist to decide at the beginning of narcosis upon the use of one agent to the exclusion of all others, regardless of any change in his patient. The idea of treatment should be paramount in both instances. This conclusion naturally follows that a properly conducted ether anesthesia always includes the employment of other agents, which increase the efficiency and modify the unpleasant effects in the induction period, during the course of anesthesia,

*Read before the Mercer County Medical Society, March 2, 1914.

and during the time of recovery. If I have succeeded thus far in broadening our horizon as to what should be included in an ether anesthesia, I shall have accomplished part of my purpose.

There is no anesthetic agent that has been more universally accepted and certainly none so generally or extensively employed as ether. The reason for this has been that when used alone it offers a greater margin of safety than any other. It can be administered by the unskilled with less disaster than any other agent, hence it has been, for many years past, the anesthetic of choice in most cases. Its field is being encroached upon since the development of skilled anesthetists. We resort many times to ether for help; it is the principal agent and all others are adjuncts in an ether anesthesia; if chloroform doesn't do right we turn to ether; if nitrous oxide-oxygen doesn't relax we give a little ether; if spinal anesthesia doesn't succeed we have to give ether; if rectal ether anesthesia doesn't produce the desired effect we supplement it with ether. On account of the many times which ether is used, it therefore follows that one who can employ it skillfully and intelligently has a very good foundation upon which to develop into a skilled anesthetist. This is why I have chosen this theme for your consideration.

In order that we shall be able to come together closely in thought on this subject of ether giving, let us think that the patient to be anesthetized is our child, our wife, or even ourselves, and that the consideration we exact should, in a large measure, be exacted for others. It has been my privilege to administer an anesthetic to a few doctors, to many of their wives, and to a few of their children. A very frequent request under such circumstances is to give what they call "straight ether."

The first duty of the anesthetist is to become thoroughly conversant with the patient's present condition, both mentally and physically. This should be accomplished by seeing the patient at least some hours before, and preferably the day before the administration. Patients are, as a rule, much more concerned about the anesthetic than about the operation and when they see the anesthetist they ply him with many questions. This conversation, for such it should be, can be engaged in at the same time as the physical examination is being made. The ease with which these questions are answered and the thoroughness of the examination should all tend to establish a degree of confidence and tranquility which cannot be overestimated. If the narcotizer fails to accomplish this he lacks one of the most important qualifications. The prevention of shock should be his guiding star. He should never forget that shock can result from mental anguish as well as from physical pain.

The knowledge of the physical condition embraces weaknesses known by the patient to exist, predisposing to pathological conditions after administration, as well as pathological conditions now present. Inquire if any inflammation of pharynx or coryza exists, or if colds and bronchitis during the Winter season are of frequent occurrence. Examine the respiratory passages for obstruction and the lungs for any acute or chronic process. Inquire fully into the condition of circulation, taking the systolic and diastolic blood pressure while the patient is lying quietly in bed. Procure a specimen of urine and subject it to the usual routine examination together with a special examination for diacetic acid and acetone.

Preliminary medication judiciously employed has materially increased the safety of all anesthetics. The employment of a hypnotic is indispensable in many cases if the best results are to be expected. Its action should be to quiet the nervous system, but not to the extent of masking symptoms. Morphine in well regulated doses meets this demand. Hyoscin, associated with morphine, has been used by many surgeons. I only mention this to condemn it as hyoscin depresses the spinal cord, abolishes reflexes, and masks symptoms at the time of approaching surgical narcosis in such a manner as to leave little to guide the anesthetist. Atropine is a very useful drug, and should be given in the dose of 1/200 of a grain to prevent or lessen the outflow of mucus. All preliminary medication, especially the hypnotic, should be given at least one-half hour before, so as to have its full effect before beginning the anesthetic.

A general idea of what we are going to accomplish with ether is very important. It has been found that the ether tension in the arterial blood circulating around the sensorium determines the depth of anesthesia. The tension is established, according to Dr. Karl Connell, of New York, by maintaining in the alveolar air during preliminary narcosis an ether content of from

5 to 45 per cent. During the early stages f anesthesia, as for the first 20 to 40 min-tes, this tension must be maintained by ercentages scaling from 26 to 15. While he patient may be sufficiently narcotized n 10 to 12 minutes to permit of operative rocedure, general relaxation may not ccur until 25 to 30 minutes' administra-ion, on account of the general body not cquiring the ether tension as soon as the rterial blood. The longer the administra-ion, together with the consequent increased ength of operative manipulation, results n an increase in shock, a decrease in elim-nation and a gradually less amount of ther necessary to maintain the ether ten-ion in the arterial blood.

For the ether administration, I have hosen for consideration the open method, for the obvious reason that most of us do not have special apparatus at our command. The inhaler of choice in this method is a slight modification of the Allis. The slight modification consists in discarding the out-side metal casing and substituting therefor a pasteboard, stiff enough to retain its shape, covered with light-weight muslin. This pasteboard, when applied in place of the outside metal frame, forms a tube, seven inches long. The inside frame is placed at the end of the tube farthest from the face, thereby leaving a chamber of about 3½ inches between the lower edge of the frame, or vaporizer, and the face. This modification of the Allis inhaler has the following advantages over dropping ether on gauze, which a few advocate: The ether is vaporized farther from the face. The space between the vaporizer and the face serves as a mixing chamber. The vapor is very much increased in tempera-ture by the effect of the expired air. There is a certain amount of re-breathing. The nature of the pasteboard covering is such as can be bent to fit the contour of almost any face. The pasteboard covering makes it almost impossible to get liquid ether on the face, unless you are grossly careless.

A necessary adjunct is a sphygmoma-nometer of the aneroid type, which can be readily adjusted to the arm and kept there during the administration. The arm can be placed above the head in a comfortable position where the blood pressure can be taken any moment desired. Have also the following at your command: Tongue for-ceps, mouth gag, curved hemostatic forceps, with gauze sponges for removal of mucus from pharynx, alcoholic solution of oil of orange 25%, cold cream, hypodermic syringe, and last but not least, a room where perfect quietness reigns.

Before the administration is begun, the surgeon should acquaint the anesthetist with what is going to be done during the operation and approximately the order of the same so that he may be able to properly vary the depth of narcosis to suit the dif-ferent procedures.

Anoint the lips and nose with cold cream. Adjust the inhaler to the contour of the face. Don't cover the eyes unless the pa-tient requests it. Allow the patient to respire through the inhaler. Add the alco-holic solution of oil of orange, following this by the very slow dropping of ether. The oil of orange takes from the ether vapor much of its pungent effect as it first strikes the mucous membrane. During this time explain to your patient that the ef-fects come on gradually and if you should happen to get the ether vapor too strong your desire is that he shall inform you. This heightens your patient's confidence to a greater degree than anything I know. Never forget your psychic ether. Increase the rate of drop so gradually that the change of strength will scarcely be noticed, watching the facial expression, and try if at all possible not to exceed the patient's toleration. Continue to add the oil of or-ange during the period of consciousness only.

Never talk about an operation or any kindred subject during the conscious or subconscious period, as the patient will in-variably interpret it as applying to him. It will result in fright, struggling, and a nervous shock. The so-called period of excitement is for the most part the result of too high percentage of ether vapor or some psychic action and, with ordinary care, largely preventable.

Other agencies than those mentioned can be used to make the conscious period of ad-ministration more agreeable, viz: moisture, heat, oxygen and anesthetic sequences. A proper amount of moisture employed dur-ing the entire administration at body tem-perature decreases the nausea to about 10%. It must be remembered that too high a vapor saturation is as detrimental as too much dryness. All anesthetics heated to the temperature of the body are increased in value as regards life without decreasing their anesthetic effects. The warm vapor of ether is mild in its action on the mucous membrane and does not reduce the bodily temperature.

Clinical observation for many years, as well as carefully conducted experiments, abundantly prove that the use of oxygen increases the value of the anesthetic, rendering it more safe and permitting a deeper narcosis than is possible without it. The induction period of ether anesthesia is made more agreeable by it.

The sequences when properly manipulated are a source of great comfort to the patient as it conducts them easily over the period which they most dread. They are especially valuable when a patient from repeated administration of ether has developed a marked intolerance for it. The most practical as well as the most valuable of these sequences are: the ethyl chloride-ether, the nitrous oxide oxygen-ether and the chloroform-ether. The length of this paper will not admit of a description of the use of these sequences. They are therefore mentioned here only as adjuncts to ether administration.

The period of unconsciousness having been reached, the ether content of the air can be rapidly increased until the alveolar air has the proper percentage. The proper ether tension in the arterial blood is soon obtained, which means surgical narcosis. How to tell when this point of surgical narcosis has been reached and how to maintain it, has been a problem hard of solution under all conditions.

The reaction of the pupil to light has long been taken as a guide. We find by clinical observation that the pupil dilates frequently under anesthesia and when it does the reaction to light is markedly interfered with and in many cases entirely abolished. When narcosis is profound, dilatation of pupil will occur, but it is the dilatation of the pupil that occurs other then from profound anesthesia that we are in quest of a cause.

Dr. Crile claimed and showed that general anesthesia, more particularly ether, fails to protect the brain cells against exhaustion from operative traumatism, stimuli of all kinds being free to pass.

The ciliary or ophthalmic ganglion is connected by branches from the sympathetic as well as from the general nervous system and sends forth ciliary nerves terminating in the ciliary muscle and iris. A dilatator centre is recognized and experimental research renders it highly probable that this centre is in a state of continuous activity and the dilatator muscle in a state of tonic contraction. Whatever the normal stimulus may be, we know from clinical observation in ether administration that the dilator centre is increased in activity by: cyanosis, emotional excitement, and by the stimulation of various sensory and sympathetic nerves, producing marked dilatation of the pupil with a consequent failure to react to light. When we consider how often this would occur in a very nervous patient during an abdominal operation, it can be seen how unreliable at those times the light reflex would be.

Can we find a guide to serve us when the light reflex will not? I think we can. As soon as the patient becomes unconscious the eyeball begins to roll from side to side. As the ether tension in the arterial blood gradually increases, the oscillation of the eyeball gradually decreases and finally when the motion of the eyeball has been reduced to a very slight motion or twitch, surgical narcosis has been reached, which is profound enough for any ordinary operative procedure. This motion of the eyeball is not effected by cyanosis, sensory or sympathetic stimulation or deep surgical shock, but remains constant. The eyeball is kept under constant observation and as soon as the motion increases, a few drops of ether are given and so on constantly through the length of the administration. I shall designate this as the "Oculomotor Guide."

In reverting to the discussion on the pupil and its action, it was there set forth that the dilatation was of two varieties: the paralytic, due to an excess of anesthesia; the reflex, due to marked stimuli from all sections of the body. It is very necessary for the anesthetist in a given moment to know which cause is operative. The following simple rule will be found of much value: If the pupil is dilated and the eyeball stationary the dilatation is paralytic. If the pupil is dilated and the eyeball moving the dilatation is reflex.

The advantages of the Oculomotor Guide, per se, briefly stated are: safety, even anesthesia of desired depth, absolute control over this depth and a marked decrease in the ether intoxication. While this guide is a very useful one it should not be used alone, but as a centre around which to gather and correlate all other signs and symptoms.

A free respiration is indispensable during narcosis. The so-called characteristic snore of ether is nothing more than obstructed respiration. Until the anesthetist realizes the danger of letting a half-choked patient suck in air and mucus, until he realizes that nothing short of an approxi-

mately normal quiet and unobstructed respiration is good enough, then and then only will the number of ether pneumonias be lessened.

CONCLUSIONS.

1. Anesthetic sequences have rendered anesthesias more safe when administered by a skilled anesthetist.

2. A properly conducted ether anesthesia includes any agent or other anesthetic, which renders the ether more effective, safe and pleasant.

3. Ether still holds the most important place in the anesthetist's armamentarium. Its field is being encroached upon by the skilled anesthetist.

4. The anesthetist should do all in his power to engender confidence and tranquility, thereby preventing psychic shock.

5. The ether tension in the arterial blood circulating around the sensorium determines the depth of anesthesia.

6. The "Oculomotor Guide" is more constant in its action than the reaction of the pupil and therefore surpasses it as an index to depth of anesthesia.

7. Nothing short of an approximately normal, quiet, unobstructed respiration is good enough during anesthesia.

1438 North Sixtieth street.

SOME PHASES OF APPENDICITIS.*

By Gurney Williams, M. D.,
Atlantic City, N. J.

Each one of us is largely influenced by personal experience and observation and is slow to absorb anything running counter to his convictions. My convictions have arisen from observing a large number of radical operations for appendiceal mischief. Every class of case is included, from the mildest catarrhal condition to the most profound appendiceal peritonitis. I have seen such splendid results in these cases that it made me a strong advocate of operation on all patients just so soon as the diagnosis is made. I well remember the time when my opinion was directly contrary to the above, my assistance was asked in three operations, two acute, one interval case. Within forty-eight hours I witnessed the death of each. That experience led me to believe that anything was better than operation in appendicitis. Similar cases have done much to drive many to conservative measures and hundreds of deaths are the consequence. During a discussion on this subject a man well known in the surgical world insisted that sixty per cent. of all cases of appendicitis would get well and stay well following a first attack without operation. It is unnecessary to comment on this except to say that grave harm was done by making such a statement. Within the past few years I have assisted in several hundred appendectomies and am unable to understand why all of us are not in perfect accord as to appendicitis being a strictly surgical disease. There is no need of the impression that the family physician is to step aside and allow his surgical brother to receive the credit and congratulations in all his appendicitis cases. It would be a very fortunate thing if we could have more co-operation and co-operating. If this were the custom I am certain that better results would be obtained and more lives saved. The surgeon is unjust who criticizes the physician for not calling him earlier in the attack and thus shifts the responsibility on the man who requested his opinion and asked his assistance. I believe the mortality is as often due to a timid surgeon as to a tardy physician. We do not believe the operator who tells us he saves all his appendiceal cases, any more than we credit the statement of the physician, "that all of his patients recover as a result of internal medication." Statements like these have created more or less feeling to arise between members of our profession. It is natural for a man who has been practicing for thirty years and has had some of his appendiceal patients get well and stay well by medication, to still believe there are cases, if only a very few, which belong to him alone. Then the surgeon whose mortality is almost wholly caused by late operations contends that the medical side has not the slightest reason for even attempting to handle this class of patients. It seems strange that to-day there are good and able men whose opinion appears quite the opposite from other good and able men on the treatment, and when to operate and not operate in appendicitis. We have not arrived at that time when all cases can be saved no matter what procedure is taken, although we all agree, or should agree, that ninety-eight out of every hundred will, in all probability recover, following a clean removal of the appendix by a good surgeon, within twenty-four hours after the first symptom of local trouble. A short time ago we had to beg and plead with a patient

*Read before the Atlantic County Medical Society, February 13, 1914.

to allow an operation in appendicitis, but I am happy to say that the time is near, if it has not already arrived, when patients demand immediate operation. The public is becoming wide awake to the dangers of this disease when treated medicinally and have eliminated pretty thoroughly the opium giving, poultice applying family doctor. Most patients are anxious for the removal of the offending organ. There is one condition, when for a time at least, the surgeon loses ground. I refer to those cases in which after twenty-four hours of starvation and purging the symptoms have subsided and the patient has become fairly comfortable. They are told that the critical time has passed and that they will be about again in a few days. We all agree that in some instances the patient will recover from the seizure and perhaps go months or years without a recurrence. I have said the symptoms have subsided for the reason of our finding the pain less or absent, the tenderness diminished, the pulse slower and the tongue cleaner. Nevertheless we are running a tremendous risk in awaiting further developments, as I believe we cannot diagnose intra-abdominal conditions by extra-abdominal procedures. Furthermore the symptoms are grossly misleading as there may be a steady progressive pathology in the appendix with a corresponding decrease in the symptoms. The presence or absence of pain tells us nothing as there may be acute suffering in a mild catarrhal condition and often entire absence of pain in a gangrenous appendix. A gangrenous appendix does not absorb toxins, neither does it cause pain or adhere to its surroundings. At times no rigidity is found over a ruptured appendix, but is almost always present after the first few hours of a mild or severe onset when the pathology is limited to the appendix. The nausea and vomiting often subside after several hours of starvation and purging, while the appendix is dying and hanging free from the caecum. Temperature tells us nothing as it may be 105 during the first twelve hours and 99 a short time previous to the patient's death. No doubt all of you have had the patient and the family tell you how much better the case seems and what an improvement has taken place in his condition, when your experience and judgment tell you that without immediate operation the patient will die in a very short time. After a brisk purge has acted, the patient has been starved for twelve hours, the stomach washed out and perhaps a saline enema has been given, we know that by arresting peristalsis that we also arres pain. About misleading symptoms, or ab sence of symptoms, I will briefly repor three cases recently under my care:

Case 1. First attack. Sudden and severe onset. Central abdominal pain becoming localized over the appendix in five or six hours. Extreme local tenderness with marked ragidity. Vomiting with constipation and heavily coated tongue. Pulse 140 This patient was starved, iced and purged by medical attendant. Third day no pain very slight tenderness, no rigidity or vomiting. Pulse 80 and tongue clean. He was very comfortable and desired to get up and go to his office. Operation on the same day revealed a highly inflamed, rigid closely adherent appendix with a cluster of lymph near distal end under which a necrosed area was found.

Case 2. Walked into my office with the remark that he had come to have his appendix removed. Four years ago, and again ten months previous to this attack he had had seizures of abdominal pain lasting only a few hours. His present attack started the day previous to my seeing him the pain becoming steadily worse each hour He had considerable local tenderness, some rigidity, and diffuse abdominal tenderness with slight oedema over the region of the appendix. The appendix could be easily palpated. I advised operation. Against my advice he returned to his home in New Jersey, but again came to my office the same evening, saying he would have the operation performed. He was treated as was Case 1 and the section was performed the following day. He walked to the table saying he felt sure I would find a normal appendix. It was found strongly adherent congested and strictured with considerable lymph covering the outer end. The pulse which had been 120, fell to 76 on the day of operation.

Case 3. This case was without symptoms when the section was undertaken, although he had had several previous attacks. Three days prior to section he was seized with intense abdominal pain, vomiting and purging. There were local tenderness and marked rigidity of right rectus. The appendix looked like a fair-sized radish covered with lymph. The operation on this case would have been performed upon the first day but was postponed because of domestic conditions making operation then impossible. The first two cases were operated upon in my smoking room. The three

made satisfactory recoveries and all are now ardent champions of early operation in appendicitis.

These cases show how misleading may be the symptoms, or absence of symptoms, and how difficult it is to know the exact pathology which is present in the appendix. All of you have had similar experience and I cannot understand how anyone who is familiar with this disease can advocate waiting for Nature or Nature's wall or any such condition, when it is possible to operate. One of three things will happen; the patient will convalesce without pus, to be again attacked later; a localized abscess will be formed; or a widespread peritonitis will occur. We must all be acutely aware when we say "wait" that there is an excellent chance of our signing a death certificate as we cannot depend on the surgeon who says he saves all his cases. Frequently these patients glide slowly into eternity while being congratulated on their satisfactory progress. It is a very unfortunate position—that of calling in a surgeon to stand beside the table and see and smell the foul pus which flows from your satisfactorily progressing patient. How much better to have had your surgical friend earlier in the attack and have assisted in a clean removal of the appendix, followed by a speedy recovery. The pathology is a progressive one and the treatment is removal of the pathology early, if possible, late if necessary. No doubt some of you can quote cases where a patient has had an attack of appendicitis, perhaps many years ago, without a recurrence and has been in excellent health since, without operation. Supposing they were attacked to-morrow by appendiceal colic, I dare say you would think seriously of immediate section for the reason of your advanced knowledge and experience of and in this disease. There are not many of you who would take opium and apply ice to yourselves or members of your family were you or they seized with this disease, as you realize that there are few things more expensive than a funeral. I do not believe the medical man and the surgeon are so far apart on the question of appendicitis as some would have us believe. It is becoming pretty generally understood that it is a surgical disease, but one where the physician is willing to be thrust aside as if he were totally ignorant of the condition he was treating.

Those who advocate medical treatment have perhaps not fully realized one very important condition, one which might be termed Mental Appendicitis. A patient who has once been attacked with colic in this appendage seldom forgets his right iliac fossa. I have discussed this disease with such people and have seen them place their hand over their side and request a change of subject. They do not care to read anything regarding this disease and are in constant dread of another attack. Some go to their family physician to have their stomachs washed out in the false hope that it is only a dyspeptic upset, while others bear their twinges of pain in silence and fill themselves with purgatives. All are mentally depressed and some are physically disabled, each wishing his appendix was in a bottle. They go on in this way until the time comes, which come it will with few exceptions, when they are taken suddenly and critically ill. The chronic recurring cases which drag themselves about with little appetite, coated tongue, foul breath and loss of weight are sad to see and a disgrace to the twentieth century medical profession. Should we aid a patient through a first attack our duty is poorly done if we do not strongly urge the removal of the appendix. They may not tell you of their mental suffering, as many dread the interval operation, but the close observer can diagnose the trouble without much effort. Dr. Robert T. Morris told me of a patient, a wealthy banker, who called on him and said he was positive he had chronic appendicitis and insisted that an operation should be undertaken for his relief. The history and symptoms were vague in the extreme and he was advised against any surgical procedure. This man went to another surgeon, who removed the appendix and received a large fee. Some time later he again called on Dr. Morris to say he had absolutely none of the symptoms complained of prior to the operation and was a new man. The pathology consisted of a thread-like adhesion near the distal end of the appendix which may have caused, and no doubt did cause, slight sensations of pain after eating. There is little doubt but that this man was suffering far more from his mental condition than from any severe physical discomfort. Since writing the above I have again had the pleasure of talking with Dr. Morris and he tells me he has had a number of similar cases and that he had seen some who had developed suicidal tendencies from the condition described, those in whom there was no distinct outbreak of appendiceal pathology but where there was a continual right

iliac discomfort. He informed me that such patients may seriously demand or require operation on account of their extreme mental depression where their physical discomfort may be slight but continuous and the pathology conspicuous by its absence. I asked his opinion as to those patients who are not seen until the fourth or fifth day and whose whole aspect shows improvement. Would he operate or wait for an interval section? He told me, if the case was under his personal observation he would wait. When I asked him about those cases where some emergency arises and we do operate and find the black, dead appendix hanging from the caecum, he answered with his characteristic smile: "It is best to operate just so soon as the diagnosis is made." It seems to me that by this procedure we relieve our minds from worry and our patient's mind from anxiety. No doubt many of these mental cases are caused by the mucoidal substance being replaced by connective tissue, the involution causing more or less constant and nagging iliac discomfort. I desire to call particular attention to those sadly neglected patients who have been allowed to go seventy-two hours or longer, in whom there are evidences of large amounts of pus. I believe its presence at times influences us to hold back when we should go forward. We are impressed too much and unnecessarily alarmed when it is present in bulk. If you have not advocated a waiting policy you have had nothing to do with its accumulation but have all to do with its removal. Pus under pressure is very dangerous. Pus with a free outlet is less dangerous. Pus washed out or sponged out has lost its poisoning power. Many of you have seen "Nature's Wall," that citadel which some say should never be disturbed, broken down by the surgeon and a puddle of pus escape from a second abscess in the pelvis. I have many times seen a "localized" abscess in the appendiceal region opened and carefully washed and dried, the gangrenous, ruptured death worm removed and then heard the late Dr. Joseph Price say, "If I stopped here you would think the operation a complete one," have then seen the fingers passed down over the ilio-pectioneal line into the pelvis and watched the putrid fluid fill the palm of his hand. If this procedure were more often carried out there would be fewer stitches removed to allow an outlet, not for a reaccumulation of septic matter, but for pus which was present at the primary operation. Should some of the septic matter find its way into the general peritoneal cavity there is no occasion for alarm. Wash it out again, using many gallons of water and many pieces of gauze. We frequently see the incision disappear in pus and watch it run over the patient onto the floor, after it has spurted an inch or more from intra-abdominal pressure. Take a case, for example, where after days of ill treatment we find an accelerated pulse, a tympanitic abdomen, a subnormal temperature with paralysis of peristalsis and no bowel movement for days. Do not make a lateral incision but open in the mediam line, remove the appendix, flush the abdominal cavity under pressure, using a six to eight inch irrigator. Both loins, the kidney region, the under surface of the diaphragm and the iliac regions are thoroughly washed with many pitchers of water. The lymph covered bowel is cleansed with gauze, exposing both sides of the mesentary, adhesions carefully broken up when thought advisable, avoiding overlooking any of the pus puddles. Operate quickly with a short stimulating anaesthesia. Insert a cofferdam drain and do not put in a stitch. When one has seen a number of such cases it is hard to conceive how anyone can ever again say "wait" in appendicitis. It is a desperate chance, but my convictions will have to alter greatly before I refuse to take that chance. The men who say all these patients will die with or without operation are those of limited experience in regard to recoveries from operation. When one sees a single case of this class recover it makes him think deeply before passing the judgment that it is too late to operate. I care nothing for the argument that such patients are not suffering from a general purulent peritonitis, but I do care for the practical fact that some whose entire peritoneal cavity is, to all appearances, bathed in pus from a ruptured gangrenous appendix will get well following such a procedure as outlined. It is nothing short of remarkable how some of these neglected patients, saturated with septic toxins, can react and recover, and I for one do not understand how they do, but am satisfied in the knowledge that it is so.

3915 Atlantic Avenue.

A peritonsillar abscess as a rule is more painful than serious. But one should not forget that patients have died of suffocation and that erosion of a vessel may take place in the wall of the cavity and cause death.

THE PHYSIOLOGICAL AND PSYCHOLOGICAL FUNCTIONS OF ARTIFICIAL LIGHT.*

By F. LAURENT GODINEZ,
Jersey City, N. J.
Consulting Lighting Specialist.

The human eye is, with the exception of the heart, the most active organ of the human body and is regarded by the most eminent anatomists as an extended portion of the human brain. As such it should not be treated merely as an optical adjunct, but as a vital organ affecting in some serious manner every other organ in the human body through abuse by light, or any other cause.

The glaring lights of to-day are ruining our eyesight. Dr. George M. Gould states in Vol. I of his "Biographic-Clinics" in the chapter on the Physiology of Vision: "Another corollary of the law of ocular tire may be noticed in passing, a law that is outraged by the lighting of most of our churches and all of our private houses, theatres, and public halls. The millions of dollars spent each year in illumination are wasted and misspent, and by the methods used all the harm is done to the eye that is possible. No room should be lighted in such a way that the individual lights are visible. Illumination should be transmitted, dissipated, and reflected light."

Dr. Ellice M. Alger, a noted ophthalmologist, says: "The general engineering impression seems to be that the room which is best lighted is most lighted. This is a great mistake. Too intense light decomposes the visual purple of the retina faster than it can be replaced, and leaves a condition of retinal exhaustion. Likewise it compels a constant extreme muscular contraction of the pupil, in the effort to exclude light which is both fatiguing and painful. Most of our buildings are glaring examples of extravagant and visually inefficient lighting—extravagant, because of the waste of light, and inefficient, because they are *not even comfortable to sit in.*"

(Mr. Godinez then showed lantern slides made from his photographs of subjects whose eyes had been exposed to lights of various kinds, and explained that the measure of a light's apparent brightness was expressed in candle power per square inch, and had nothing to do with the rated, or useful candle power of the lamp. He stated that opthalmologists have agreed that values of from 0.1 to 5. candle power per square inch, constitute the minimum and maximum range of source of brightness safe for the eye.) The following table gives a comparison of various lights with reference to visual safety:

Source of Light.	Brilliancy Expressed in Candle Power per Sq. Inch.	
Candle	3	4
Oil lamp	3	8
Gas flame.....	3	8
Edison electric lamp (carbon filament)	375	400
Welsbach gas mantle	20	50
Mazda (tungsten lamp)	1000	1500
Safe limit of brightness for eye	5	

The increase in source brilliancy up to the advent of the mazda tungsten lamp had been gradual. For centuries the eye has been accustomed to a mellow, yellow light at night, and the sudden change to the glaring white light of the tungsten lamp, not only exceeded the limit of safety two hundred times, but afforded too startling and abrupt a contrast to what the eye had become accustomed for centuries. Even eye-glasses, which correct near or far sightedness, will not prevent eyestrain from the exposure of the eyes to glaring lights and the substitution of these white light tungsten lamps for the yellow light electric lamps of the carbon filament type, has caused untold misery and suffering to thousands. In my recent book—The Lighting Book, I say—Among the East Side operatives, thousands and thousands of poor, unfortunate men and women, are condemned by a deplorable economic state, to spend their lives in making the fractional part of a coat, shirt-waist, artificial flowers, and willow plumes, working in close, badly ventilated, miserably lighted rooms. Presently the daily headache begins, and later their mistakes in the work impose a series of heavy fines. The combination of physical misery and low wages imposed by bad eyes, undoubtedly, predisposes the men to alcoholism, dishonesty and crime, and by comparison makes a life of prostitution seem easy and attractive to the girls. Whether in the home, the office, or the factory, the pernicious, devastating effect of these over-brilliant, unmodified lights, is the growing cause of misery and suffering,

*Read before the Hudson County Medical Society, February 2, 1914.

generally attributed to other innocent causes.

(Mr. Godinez then presented several experiments, which convincingly demonstrated the value of amber light over white light for reading purposes.)

Up to the advent of the white lights the white reading page became amber, due to the influence of the color of the light which lighted the page, and against this amber background the contrast of the small black type was not too abrupt. With the white lights the reading page suddenly became glaring white, making it much more difficult to perceive the small black print, owing to the abrupt contrast. If those present will try the experiment at home, by placing cylinders of amber silk, or gelatine film, or paper, over their reading lamps, they would be surprised to find an agreeable, pleasing light, similar to the oil lamp, which is still popular. I put the blame squarely up to the makers of tungsten lamps, for their stupidity in assuming that a white light, which might assist in industrial occupations in the matching of colors, could be equably suitable in the home, or as a reading light, the Welsbach gas mantles could be obtained to give either a white, or amber light.

The time has come for legislative regulation of lighting in America and nothing of any importance has been done. There are only eleven States that make any mention of the subject of light in their general factory or labor laws, and in not one of these are the provisions sufficiently specific to render them of practical value. Connecticut provides that factories be "well lighted" and that colored and corrugated windows may be removed if injurious to the eyes. Illinois requires halls, stairways, etc., to have lights kept burning whenever the building is in use. Maryland requires factories to be "well and sufficiently lighted." Michigan requires foundries to be "reasonably well lighted throughout working hours." and grinding and polishing cannot be done in basements, unless sufficient light, heat, and ventilation are provided, as prescribed by the factory inspector. In Missouri, Rhode Island, Ohio and New Jersey if the Commissioner of Labor, or Inspector, finds the heating, lighting, ventilation, or sanitary arrangements dangerous to health, he is to give notice to make necessary alterations. New York and Oklahoma require workrooms, halls, and stairways leading to them to be properly lighted. Pennsylvania has the same requirement, together with the provision giving the inspector the power to require alterations where lighting is not sufficient.

The society which was supposedly organized for the purpose of bettering lighting conditions, was composed mostly of manufacturers, whose petty jealousies prevented any genuine co-operation, and a committee on the subject of glare avoided meeting the real issue squarely by limiting their findings to a recommendation that all publications be printed on a rough, depolished paper; not one word of warning being said against the use of glaring prismatic reflectors, which multiply the bright lines of the tungsten lamp, and are as annoying and dangerous to the eyes as an automobile headlight. Out of 1,530 total membership of that society, 1,231, or 82 per cent were directly concerned in the manufacture, or sale, of illuminants, or lighting apparatus, and their interest in the society was, therefore, a thoroughly practical one.

The time has come when the manufactuerers of glaring, dangerous, illuminants, must be taken in hand, for not one word of warning has been given regarding the danger attending the careless use of their products. A word of warning should be printed on each cardboard box in which Mazda-Tungsten lamps are sold, to the effect that they are too glaring to be exposed to the eye. But the manufacturer has only concerned himself in shaping his advertising up to one point—the point of sale. His one argument is economy—the one which he believes carries the greatest weight. One reads full page advertisements in the weekly magazins, where the terms—"economy" and the "Sun's only rival" stand out flamboyantly. But not one word regarding the dangerous brilliancy of a lamp which is 200 times too bright to be exposed within the visual field. Aside from this violation of all physiological laws, we have to thank this continual reiteration of the "economic" dogma, by the manufacturers, for the absolute lack of character, and deadly monotony of present day lighting. Shades and globes of the most commonplace, ugly type, are sold like sausages, by the yard, and the unfortunate mercantile public is robbed of all the artistic effect, attraction, and advertising value, which is possible when artificial light is used with intelligence and aesthetic taste.

Mr. Godinez concluded his remarks by replying to many technical inquires by the doctors present, who expressed their commendation of his pioneer work in behalf of conservation of vision.

THE UTILITY OF THE HODGEN SPLINT IN FRACTURE OF THE THIGH.

Read before the Passaic County Medical Society, March 10, 1914.

By Joseph A. Maclay, M. D.,
Paterson, N. J.
Associate Surgeon Paterson General Hospital.

The failure of many splints and appliances as applied to fractures of the femur, as well as the difficulties attending surgical fixation of the same, makes this fracture of the bone a cause of controversy as to whether it is better to operate or not to operate. As operation on the femur, plating, wiring or any other means of fastening the broken ends together is at the best a heavy and difficult task and the chances of infection, pulling out of the plates or other mechanical holding appliance, non-union or delayed union are of more frequent happening in this than in any other fracture, if a splint which has all the virtues of the Hodgen apparatus can be applied with an almost guaranteed good result, then it is my belief that the best interests of the patient are observed by using it.

The Hodgen splint, as modified and improved by Dr. George S. Brown, of Birmingham, Ala.*' may be described briefly as an iron wire frame in which the limb is swung in a hammock of muslin cloth. The iron wire should be of such a size as to be easily bent, but at the same time firm enough to insure stability. Wire loops can be soldered to it, to which are attached cords, four in number, from each side about the middle of the thigh and the middle of the lower leg. These converge to meet a longer rope, which latter is attached to the ceiling. The higher the ceiling attachment the better, as the pull is then more flexible, making the patient more comfortable than when the rope is short and the limb more restricted in movement. A cheap spring scale can be used between the long rope and the four cords which adds a further factor of flexibility and at the same time indicates the number of pounds' pull being exerted. Tent blocks are interposed on the small cords and the rope for the quick and accurate adjustment to any desired length. These and other details which make the apparatus as used by Dr. Brown one of the greatest merit are fully described by him in an article on the subject in Vol. VI., pg. 531, of Surgery, Gynecology and Obstetrics. The chief features of advantage of this splint when applied with the modifications as devised and used by Dr. Brown, who popularized the splint in the South, are as follows:

When it is understood it is easily applied;

It is cheaply and easily put together;

It can be applied by a physician in a private house as well as in a hospital;

It insures a minimum of discomfort to the patient;

It insures a maximum of ease in the care, by those in attendance, such as changing bed clothing, use of bed pan, etc.;

It insures a maximum of traction in the proper direction, with consequent tiring out of the great muscles of the thigh and straightening of the limb;

It is not impaired by the patient making minor excursions around the bed and, for this reason, bed sores are eliminated and the patient does not lose muscular power as when confined by other apparatus;

It is practically the only splint that can be used to treat fractures of both thighs simultaneously;

It is an ideal treatment for fractures in old people on account of the freedom of movement.

These may sound like extravagant claims, but I believe them to be true. I had occasion to use this splint in two cases, under the chief of service, when I was an interne at the Paterson General Hospital and at the time was struck with the good results obtained. I have always had it in mind to use when I had the chance, but several times the chance has come and for some reason or other I did not remember it at the time, having gotten away from it, a sort of blind spot, as it were, in my memory. Recently a case of fracture of the femur came under my care, which had a great deal of contusion around and below the knee joint, and I applied the Hodgen splint, with the result that no shortening is present whatever, and as a consequence there is no angulation and the patient rested so comfortably that I felt highly elated with the result.

The three principles involved in fracture of the femur are: 1, the avoidance of shortening; 2, the avoidance of angulation; 3, the avoidance of rotation. I have told how the first two are overcome, for if there

*An Improved Hodgen Splint for the Treatment of Fracture of the Thigh or Other Painful Affections of the Lower Extremity. By George S. Brown, M. D., Birmingham, Ala.

is no shortening there can be no angulation. With the limb fixed in this splint the outer cords can be so regulated that the limb can be rotated inward and maintained in that position, something which is hard to accomplish with Buck's splint, for therein the foot always tends to turn outward and brings with it rotation outward, which is something to be carefully avoided if one aims to get a good result. The Hodgen is applicable to any fracture of the femur and its angle can be changed simply by bending the side bars at the knee joint, so that it can be made to make straight extension and can be fixed at any intermediate point between that and a flexion of the thigh of 90 degrees with the body. Then again the adhesive plasters do not have to bear the brunt of the pull as they do in the Buck's or when extension is applied on a double inclined plane, so they do not slip, their purpose being more to hold the leg in the sling, the greater pull being from the weight of the leg itself. When one thinks of the extremes to which surgeons have gone to secure the required pull to straighten out a leg with this type of fracture, it is almost appalling. Some have advocated putting on a Buck's and filling the patient with morphia for two weeks, the leg all the while being under a heavy pull. Traction apparatus to straighten the leg out under an anesthetic and then applying a plaster cast while the leg is held there under a violent pull has been advocated. A Spanish surgeon, working perhaps on the theories and practices handed down from the inquisition, drives a long nail through the os calcis and then hangs weights from that up to twenty or thirty or forty pounds. The only way to draw out the great thigh muscles without harm to the patient is by a gradual, sufficient and uninterrupted pull. Such a pull can be had with the Buck's splint if the patient would not use subterfuge to interrupt it by grinding his heel in the mattress, letting his body work down to the foot of the bed or having some kind friend put the weights on a chair for him for a while. With these interruptions the muscles regain their activity and the shortening is at once taken up, and angulation occurs. Then again I have known the adhesive straps, either moleskin or plaster, to slip, especially when used with double inclined plane. All these things defeat the object and serve to finish up the case with from ½ to 1½ inches shortening and, even if it is an inch, a good result is claimed.

The most difficult task of all in fracture of the femur is the proper lengthening of the limb. To accomplish this by means of an open operation, violent traction on the fragments and the application of a steel plate is a most difficult procedure, for as soon as the traction and anesthesia is over with, the great muscles become active again and great indeed is the plate which can withstand their pull. It looks easy enough to see somebody's clamp and fragment-holding apparatus illustrated in a cut advertising the same, but to apply them to the living subject is a big job. Then again, it must be known that even if the approximation is perfect the union of a fracture is not hastened by such approximation. On the contrary, union is delayed, for the reason that a certain amount of irritation has been found necessary to the quick formation of callus and union of bone. There have been many reports of such delayed union and also of non-union from the use of Lane's plates for the reason that there is a lack of the stimulating callus forming friction between the fragments.

The only practical way which can be used without trauma to lengthen a thigh which has been fractured is by a continuous, gradual and at the same time powerful enough pull and this can be accomplished by means of the Hodgen splint with great comfort to the patient. Union under these circumstances is accomplished with a full lengthening of the limb and at the same time is hastened by the callus stimulating friction between the broken ends, which is an additional factor in favor of this splint. Then again, should any portions of muscle fiber be caught in the fracture there is more likelihood of its being released quickly by means of the slight oscillating motion which must take place when in the Hodgen splint.

My reason for bringing this matter to the attention of the members of the Society is that I feel that by means of the Hodgen splint properly applied a common injury which falls first of all, as a rule, in the hands of the family physician, who may have in the past had unfavorable results, or results that he did not consider quite good enough, and for that reason has been inclined to turn the case over for institutional treatment, can be well and thoroughly taken care of by the attending family physician at the patient's own home with an almost certain good result if the Hodgen splint is properly applied. Dr. Brown, to whose articles on the application of this

splint I would certainly refer anyone interested, has this to say on the latter phase of the subject, i. e.:

"One of the leading surgeons of the country began an article on fractures by saying (in effect) that, after a very large experience in accident surgery, he still approached the treatment of fracture of the thigh with much misgiving. In contrast to that, I have to say there is no fracture in the treatment of which I am so confident of getting a good result. By a good result I mean: the patient made comfortable, a minimum amount of work for the surgeon and attendants, no bed sores, the patient retaining a good muscular condition by reason of the great amount of liberty of movement and exercise he gets while under treatment, never any stiffness of the knee, hip or ankle joints, the quickest union and shortest convalescence, a straight limb, with no shortening and never a non-union. * * * The subject is certainly of importance when it is admitted on all hands that, so far, the treatment of this fracture has not been satisfactory even in the best hands in the best hospitals; and interest should certainly not be taken from it, when I assert that it is being treated most successfully all over this part of our State (Alabama) in log cabins by country friends of mine and in the large contract work in the mines of this district as well as all except one or two doctors in our city."

I certainly want to congratulate Dr. Brown for his appreciation of the Hodgen splint and for the great simplicity of the application and working of this splint which the modifications devised by him have accomplished.

Clinical Reports.

Case of Jaw Winking.

Dr. F. G. Crookshank, in the proceedings of the Royal Society of Medicine, London, reports the case of a girl, aged nine years, who had congenital unilateral ptosis. When the muscles of her face were at rest this ptosis was considerable. When she depressed her jaw or moved it sideways, not only did the ptosis disappear, but the sclerotic became visible on the affected side, above the cornea.

Friedreich's Disease Following Diphtheria.

J. Taylor reports the case of a man, aged 21, who was admitted to the hospital December, 1907; discharged March, 1908; diagnosis, "post-diphtheritic ataxia." Readmitted October 31, 1913. Had diphtheria in April, 1907, followed by postdyphtheritic paralysis—diplopia, regurgitation of fluids, weakness in legs, difficulty in walking. Now has ataxia. Knee-jerks not obtained. Plantars: Right doubtful, left extensor. Articulation peculiar; tremor; no nystagmus; slight scoliosis. No deformity of foot, although left foot different from right. Family history negative.—Proceedings of the Royal Society of Medicine.

Case of Nystagmus.

Dr. H. Campbell, in the Proceedings of the Royal Society of Medicine, reports a case of this condition in a man, aged 36, who for two years has suffered from lateral nystagmus on turning the eyes to the right. The nystagmus is accompanied by giddiness and widespread nervous perturbation. The trouble incommoded him in his work as shop assistant, especially when taking down articles from shelves. Turning the head to the right while the eyes are directed forwards does not cause nystagmus. Turning the eyes to the right with closed lids causes nystagmus with little, if any, giddiness. He has some dull occipital headache. Beyond the nystagmus and a moderate defect of hearing no abnormal nervous condition can be discovered objectively.

Cerebellar Ataxia.

Dr. F. E. Batten, in the proceedings of the Royal Society of Medicine, reports the case of a girl, aged 5 years, who was quite well till the age of 2½, when she had an acute illness; since that time she has been unable to walk steadily. She now presents the typical picture of a cerebellar ataxia—slow articulation, hypotonia of limbs, no nystagmus, etc. Normal reflexes. When walking she has a tendency to go to the left. She is quite intelligent.

Hematoma Auris—Operative Treatment.

Dr. G. J. Jenkins, in the Proceedings of the Royal Society of Medicine, reports the case of a woman, aged 32, in whom a hematoma was the result of a blow. When seen next day the swelling involved the whole of the internal surface of the cartilaginous part of the pinna, and was about the size of a hen's egg. An incision was made along the margin of the helix. The blood was an the external surface only and extended somewhat into the meatus.

Septic Dermatitis.

Dr. W. M. Robson, in the Proceedings of the Royal Society of Medicine, reports a case of this condition in a male, aged 4½ years, who began to have blisters on his body three years ago; they were never profuse. In July, 1912, a more profuse eruption began on the legs and gradually spread to the abdomen, arms, face, and neck, and lastly, to the back. The groins and axillæ have been more affected than the rest of the body. Other children of the same family were normal. Some of the bullæ were small and contained clear fluid, others were opaque. Some of the bullæ became septic and the temperature rose to 101° to 102° F. A culture taken from an apparently non-pustular blister gave a pure culture of Staphylococcus aureus. Treatment has been increasing doses of Fowler's solution, boracic baths, and injections of Staphylococcus aureus.

Congenital Spastic Parablegia with Congenital Optic Atrophy.

Dr. P. S. Hichens, in the Proceedings of the Royal Society of Medicine, reports the case of a girl aged 6 years who, according to the mother, though backward, was a normal child till she was 3 years old. She was then frightened by a Salvation Army band, and had two convulsions and developed paralysis of the right arm and leg, and paresis of the left leg. The child appears to be slightly microcephalic. She has congenital optic atrophy and spastic paraplegia of the right arm and leg, and, to a less extent, of the left leg. Despite the history the case is probably one of congenital spastic paraplegia.

Toxic Polyneuritis Due to Poliomyelitis.

Dr. F. E. Batten reports the case of a man, aged 20, who had an acute attack of "influenza" in August, 1898, when aged 5. This was followed by paralysis, and he was in the Children's Hospital, Great Ormond street, suffering from a condition which was variously diagnosed as peripheral neuritis and poliomyelitis. Pain and tenderness were a marked feature of his illness, but he never had any loss of sensation. The boy slowly recovered, and now, fifteen years after the illness, presents a dwarfed appearance, being only 4 ft. 2 in. in height. He has a marked lateral curvature of the back, a general wasted condition of the legs and arms, but with no such local wasting of muscles as is commonly seen in most cases of poliomyelitis.—Proceedings of the Royal Society of Medicine.

Vaccine Anaphylaxis.

An unusual case of vaccine anaphylaxis is reported by R. Wallace, Chattanooga, Tenn. (Journal A. M. A., April 11). A woman, aged 53, who had been treated for furunculosis three years before and effectively cured by four doses of antistreptococcic vaccine, asked for a repetition of the treatment for boils from which she was suffering at the time seen, and an injection of fresh stock vaccine, containing 100,000,000 streptococci, 4,000,000,000 staphylocci and 200,000,000 colon bacilli was given. There was only slight local reaction and considerable improvement followed. On the eighth day a double dose of the same was administered and within a few hours a scarlatina rash appeared which finally involved the entire body without, however, producing any constitutional disturbance. It was not, he says, an exanthematous disease nor was the eruption related at times to parenteral protein digestion. It was treated by catharsis and alkalies and gradually faded away, but was so intense and indurated that it left considerable fissuring of the skin in the flexures and a mild desquamation in many parts.

Osteitis Deformas.

Dr. Herman Branth, at the meeting of the Medical Association of Greater New York, held January 19, presented a male patient, 50 years old, who exhibited all the typical signs of this disease, as first exhibited by Paget in 1877—enlargement and softening of the bones, especially of the long bones, which showed curvature, and of the bones of the cranium, kyphosis, and stiffening of the tendons of the femoral muscles and the joint ligaments. The patient also had nystagmus, though this had now almost entirely disappeared under the experiment treatment employed. This, Dr. Branth said, consisted of the application of X-rays to the head and lumbar region and the use of the high-frequency, high-tension current. At first he had intended to give pituitary extract also, but as the patient's condition seemed to have taken a favorable turn under the electrical treatment alone, this would be continued for the present. Nothing was known of the etiology of osteitis deformans, and the disease did not prove fatal; the patients dying from old age or some intercurrent affection.

Two Peculiar Cases.

Reported by Dr. R. B. Hopkins, of Milton, Del., in the Delaware State Medical Journal:

A child (girl), apparently aged three years, was noticed by its mother with something the trouble with its throat. In looking into its mouth she saw the end of a broom straw far down the throat and endeavored to get hold of it, but it slipped on down out of her reach. This incident passed without further trouble until several weeks afterwards. She noticed the child was irritable and at times seemed to be in pain. There appeared on the right side of the umbilicus a swelling. This gradually became red indurated and after applications of starch poultices became soft. One morning while redressing, the mother noticed a small speck about the middle of the swelling, and by gently pressing there protruded the end of a straw, and she pulled it out. It measured three inches. Can the reader figure out how this straw could pass through the walls of the intestine and abdomen without setting up a peritonitis?

A short while ago I was called to see a woman who had given birth to a well formed female child with the exception that at the point over the coccyx there was a large cystic tumor much larger than the child's head probably. It resembled a huge bladder. Thinking it might be an abnormal location of this viscus, I did not attempt to do anything until I found the child had urinated. On the third day after birth I withdrew the fluid, which amounted to three pints, and amputated the tumor. The child made a good recovery.

Metastatic Cancer in the Brain.

Dr. C. Silvan, in Policlinico, Rome, reports that he found 21 cases of this kind at 14,000 necropsies in which the brain was examined, that is, in 0.15 per cent.; they formed 17 per cent. of the intracranial tumors encountered. Only 8 were in men; the age was generally between 40 and 60, but one was in a woman of 22 with a sarcoma in the femur; another was in a woman of 33 with mammary cancer. The primary tumor was in the breast in 6, in the stomach in 3, in the thyroid in 2 and once each in the lung, pleura, parotid and penis. In the majority of cases there was metastasis elsewhere. The left hemisphere was the one generally involved, especially the cortex of the frontal or parietal lobes. The clinical course is compared with the findings in a number of the more typical cases.

Suture of Wound of Heart.

At a meeting of the Surgical Society of Paris, Lenormant reported the case of a man who had received a gunshot wound on the right side of the chest to the outer side of the mammary line. On account of the smallness and rapidity of the pulse a diagnosis was made of a penetrating wound of the heart. The author resected the first costal cartilage, then the fourth and fifth costal cartilages on the right side, and the right of the sternum. The wound in the pericardium was discovered, the latter was opened and emptied of clots, and a wound in the right ventricle of the heart was sutured. No search was made for the bullet nor for the spot of its egress from the heart. There was a perforation of the lung, which did not bleed, and which was let alone. The operative wound was closed without drainage. The patient made a perfect recovery.—Gazette des Hopitaux.

Advanced Carcinoma of Inferior Mavilla.

Dr. G. H. Semken, at a meeting of the N. Y. Acad. of Med., February 6th, presented this patient. He had first seen the patient September 15, 1910. The etiological factor in the case was not clear. An extensive epithelioma involved a large portion of the lower jaw on the right side and had extended high up in the cheek and along the floor of the mouth as far as the tongue. Externally there was induration of the cheek, lips and chin. The extensive operation which was performed did not cross the cancer area at any point. The new cheek and chin were formed by flaps from the neck. The internal deficiency was supplied by a flap from the tongue. The patient was out of bed in three days. The cosmetic effect was remarkably good considering the extensive nature of the operation. There had been no recurrence in three years.

Multiple Metastatic Bone Carcinoma Originating in Scirrhus of the Breast.

Dr. G. H. Stover, Denver, Col., reported these two cases in the Interstate Medical Journal:

On November 29th, 1910, the writer was requested to go to the residence of Mrs. J. F. and make a Roentgenographic examination of her spine, the attending physician stating that she had chronic osteo-arthritis, and was in such condition that she could not be brought to his laboratory.

He found a patient over sixty years of age, in bed. She could be moved into a chair, but was compelled to remain in bed most of the time. As she and the others of the family were radical Christian Scientists, it was difficult to elicit a statement of history or symptoms, as they were all averse from having such things "held in thought," but he learned that she had had pain and stiffness in the back for some time. He discovered incidentally that both breasts were shrunken, composed of irregular hard masses, the skin deeply infolded, the nipples retracted and inverted. This condition had begun many years previously, first in the right breast, and appearing in the left some time later; he considered this to be a scirrhus without doubt, though it had not been recognized as such by other clinicians, and many had been in attendance.

The writer's Roentgenograms showed the multiplicity of lesions; these were seen in several ribs, the scapular heads, clavicles, and in the transverse process of at least one vertebra; the individual lesion was a hiatus in the bone structure, usually a single celled cavity, but in the heads of the scapulae near the glenoid rims there were several close together; they were ⅛ in. and upward in diameter, rather irregularly outlined; there was no periosteal thickening; no eburnation; no deformity in the cortex of the bone except in the fifth rib on the right, where a spontaneous fracture seemed to have occurred; here there were signs of cortical thickening as if there had been an attempt at repair; there was a mass about the size of a pigeon's egg at the left side of the middle mediastinum, probably a diseased lymphatic gland. He was not permitted to make further Roentgenograms, so cannot speak of the conditions in other bones.

On inquiry (July, 1913) he learns that this patient is still living, and is in much the same physical conditions as at the time he saw her, but is now entirely confined to bed.

On June 18th, 1913, he was requested to examine the right humerus of Mrs. B., a patient in the orthopedic department of the County Hospital. He was told that she had been an inmate of the hospital for some time, with a diagnosis of spinal osteo-arthritis. He found a woman aged forty-eight who had been confined to bed for a number of months on account of pain and stiffness in the back, beginning in the cervical region; she had complained of a suddenly appearing, severe pain in her right arm following the moderate muscular effort required to pull up the bed-clothes. He did nothing but make a Roentgenogram of the right humerus at that time. When he inspected this Roentgenogram he found a spontaneous fracture in a typical carcinomatous area in the shaft of the bone; he sent in the diagnosis as such, writing that if an examination of the patient's breasts were made, scirrhous carcinoma would undoubtedly be found. The staff physician reported to him on the following day that this peculiarly made diagnosis was correct, the patient having a scirrhus which had first appeared eight years ago, and which in one breast was about to ulcerate. He then made a further study of the case, with the following findings: Multiple cellular defects in clavicles, scapulae, humeri, vertebrae, os innominati, trochanteric region of femora, and in shaft of left femur, all typical lesions of bone carcinoma. Other bones were not examined.

Taenia Saginata in the Appendix.

Dr. M. Caturani, at a meeting of the N. Y. Acad. of Med., February 24th, presented this specimen, which consisted of an appendix in the lumen of which were two living segements of tænia and corresponding eggs. The appendix had been removed during an operation for a pelvic condition. The patient was an Italian woman thirty years of age. Infection had followed her first childbirth seven years ago, and a few months afterward she had been subjected to an operation. The left adnexa were removed and as a result the patient developed hernia on the line of the abdominal incision. Dr. Caturani said he had operated on the patient

for the hernia on February 4, 1914, at which time he freed the uterus from adhesions and removed the right tube and a small myoma which was imbedded in its wall. The uterus was suspended. The appendix, which was retrocecal and covered with adhesions, was removed as a routine measure. The appendix was relatively long and showed a wide opening at the base. At the touch something strange could be detected at the lumen, which proved to be a tænia; another segment, easily displaceable, was brought toward the apex and out through a small opening made in the wall. The patient reluctantly admitted that she had noticed frequent emissions of segements of tænia in the feces during the past three years. She had been operated on for tuboovarian abscess, In a similar case reported by Robb the patient had been opered on for tuboovarian abscess, not for appendicitis. It seemed that the presence of this kind of worm in the appendix did not affect the organ. Examination showed a slight chronic inflammation of the structure of the appendix and lymphoid hyperplasia. The examination of the two segements removed from the appendix, as well as of many others, showed that this tænia was the Tænia saginata. ata.

X-Ray in Uterine Myomata.

Dr. Delpratt Harris addressed the Devon and Exeter Society, London, on March 13, reading notes of four cases which were greatly improved, artificial menopause being established, with climacteric flushings and shrinking of the tumor. One patient, aged 39, treated in August, 1912, was able in the following May to go about her household duties, and felt quite well. Another, first treated in October, 1912, had slight hemorrhage in December, but none since, having had altogether five courses or cycles of treatment. A third case, aged 43, was equally successful. The menopause became complete in July, after three courses or cycles of treatment, the first in the previous September. The fourth case was of a woman of 49, with a large fibroma occupying the position of a seven months' fetus. The treatment followed seems to have been Bordier's—a sitting every day or every other day for nine sittings—constituting a cycle. Omit twenty-one days, then give a second cycle. Sometimes four or five may be needed; very rarely six, for the effect seems cumulative, shrinking going on after discontinuance. The dose at a sitting is 1 or 2 millamperes. At the first both uterus and tumor are treated; at the second, one ovary (right); at the third, the left; at the fourth, uterus and tumor again. In all the cases hemorrhage, which was prominent, ceased during the first cycle, and did not return, the appearance of the patient gradually improving.

Dr. F. A Roper reported at the same meeting a case, widow of 49, with rapidly increasing fibromyoma larger than a cricket ball, and pain at the periods severe, treated on the Hamburg system—series of five radiations through five points (two behind, three on abdomen), on successive days, a fortnight's rest between each series, a filler of aluminum being used. A sitting was five to ten minutes, with current 3 to 6 milliamperes. This patient had seven series. After one normal and two scanty periods, there was six months' amenorrhea, with complete relief of pain, shrinkage of sclerosis of the tumor to size of tangerine orange.—London Letter in Medical Record.

Hair-Pin and Stone in the Bladder.

Dr. Welt-Kakels also reported this case at the above named meeting, presenting an X-ray plate showing a hair-pin and stone in the bladder and related the history of the case. The patient was a child nine years of age, who had complained for two and one-half years. At the time that she first saw the patient she was complaining of severe pain in urination and burning sensations. The urine showed the presence of much pus. In making an examination per rectum the examining finger met with resistence, and the X-ray had revealed the nature of the trouble. The child was operated upon and made an excellent recovery.

Myoma of the Vagina.

Dr. Dicke, in Zeutralblatt fur Gynakologie, reports a case in which a solid tumor of the vagina, the size of an apple, simulated a prolapse and caused difficulty with urination. The vagina scarcely admitted one finger, and there was considerable blood which came from the gravid uterus. The tumor was removed by splitting the anterior vaginal wall, and on histologic examination proved it to be a fibromyoma.

Abstracts from Medical Journals.

Diagnosis of Arteriosclerosis.

Dr. Louis Faugeres, Bishop of New York, discusses the difference between the essential disease of the arteries (arteritis or endarteritis) and the general degenerative disease of the whole body which he calls arteriosclerosis for the want of a better term. Atheroma, as shown by calcareous deposits is entirely different and almost physiological in its development. He says:

"The attempt to include the general degenerative disease, arteriosclerosis, in the group with endarteritis, leads to an attempt to explain symptoms on a purely mechanical basis, while, in fact, the symptoms are only explainable one the basis of biochemistry.

My own theory as to this disease that is carrying off so large a proportion of those who die at the present time, is that it is due to sensitization of the cells to particular proteins, either of food or bacterial origin, the continuous action of which leads to progressive damage to the cells.

The therapeutic test is a valuable aid in diagnosis. If an individual, with a blood pressure in the neighborhood of 200 m.m. Hg., precordial pain on exertion, albumin and casts in a urine of low specific gravity, profound depression of spirits, high hemoglobin and some numbness of one-half of the body or slight aphasia, who is put upon a low protein diet, subjected to a phlebotomy, compelled to exercise, deprived of his salines, and given suitable treatment of the intestines, does not make a comparative recovery, I am inclined to believe that he is suffering primarily from endarteritis,

disease of the kidneys, or other localized organic disease. But if such a subject does not make a comparative recovery, in that his blood pressure falls to his optimum pressure, he recovers from his depression and cardiac pain, and he is able to resume his normal occupation. I am confirmed to the belief that he is suffering from a degenerative disease of the whole body, of metabolic origin and, under suitable supervision, no account need be taken in the diagnosis of the bugbear of progressive sclerosis.

A recognition of this matter and the proper appreciation of its relation to mortality would do more in one minute to prevent the great increase in deaths noted above, than the endarteritis idea will do in a thousand years. A plea is made here to those who treat degenerative disease to take a broader view of cardiovascular disease, when making a diagnosis, than is comprised in the mapping out of pathological changes.

Portals of Tuberculous Infection in Children.

Dr. O. Medin, in Arch. f. Kinderheilk, says that seven thousand, six hundred and thirty children died in the first year of life at the Children's Infirmary in Stockholm from 1842 to 1911 inclusive. An autopsy was held in nearly every case. Of these 623 were found to have tuberculosis, although the disease was not necessarily the cause of death. In 287 cases the lungs or bronchial glands separately or in combination were affected, and in only six the intestines or mesenteric glands. There was not a single instance of congenital infection or of primary infection by the skin, mucosae, or larynx. During the past eighteen years no case of primary tuberculosis of the intestine or mesenteric gland was observed, and in thirty years' practice Medin has never seen a case of infantile tuberculosis due to cow's milk.

The Etiology of Acute Rheumatism.

Dr. E. C. Rosenow, in The Journal of Infectious Diseases, January, 1914, says:

Three types of organisms have been isolated from the points in rheumatism, each of which can be converted into the other quite readily.

Two types, one a very long chain producer, the other resembling a micrococcus, have obtained from cases in which no muscle involvement was present. When injected into animals as isolated they commonly produce arthritis, enocarditis, and pericarditis, but not usually a visible myocarditis, and never a myostitis.

The third type, a diplococcus with short chains of diplococci, was obtained from cases of rheumatism in which definite muscular involvement was present. It also produces arthritis, endocarditis, and pericarditis, but especially, marked myocarditis and myositis.

All three forms which have a low grade of virulence are quite freely susceptible to phagocytosis.

The results of the cultures in man and of the animal experiments support the view that acute articular rheumatism is due to streptococci which have peculiar properties.

Experimental and other evidence has been produced to indicate that the more or less closely related condition, muscular rheumatism or "rheumatic myositis," is due to streptococci, closely related to those in articular rheumatism.

The name Str. rheumaticus may be retained at present, not with the idea that the organisms so called always produce rheumatism, but rather to call attention to the fact that when streptococci produce the symptoms and lesions of rheumatism they have certain special features which streptococci from other sources do not usually have.

The affinity for joints, endocardium, pericardium, and often also myocardium and muscles which characterizes these organisms when first isolated, tends to disappear on cultivation. It may be restored by animal passage, and other strains of streptococci under certain conditions may be made to acquire the features of the strains from rheumatism. When the rheumatic strains have acquired the cultural features of hemolytic streptococci they lose the affinity for the endocardium and pericardium and acquire an even greater affinity for the joints. When they have been converted into pneumococci of a certain grade of virulence pulmonary hemorrhages and pneumonia are commonly found after intravenous injections whereas when the virulence is still greater death from pneumococcemia results. These and other facts suggest strongly the possibility that previous to an attack of rheumatism various types of the streptococcus group, especially hemolytic streptococci, acquire in the tissues of the infected individual the features which give them the simultaneous affinity for joints, endocardium, pericardium, and myocardium.

Malformation of Neck.

A peculiar congenital malformation of the neck is described by C. A. Parker, Chicago, in the Journal A. M. A., February 7. It consisted of two symmetrical wing-like folds of skin extending from either mastoid region to the top of the shoulder. They interfered somewhat with movement, but were objected to on account of the deformity of the 11-year-old subject. The redundant fold of skin was removed by an incision extending from the mastoid to the outer end of the clavicle, making an eliptical wound which when closed gave a more normal appearance. Figures showing conditions before and after operation are given. Parker says the case is unique as far as he can learn, but the family history suggests a factor in its origin. The father had tabes, an older sister has a congenital hip dislocation and five brothers and sisters died in infancy, one being still-born.

Heart Disease in Children.

Dr. E. Cautley, in the Clinical Journal, London, says that in all inflammatory cases in which there is the least suspicion of rheumatism salicylates and alkalies must be prescribed. The patient should be kept in bed on a light milk and carbohydrate diet, fruit and vegetable soups being allowed as a change. Complete rest and a trained nurse are necessary. Blistering or counter-irritants may be used, but are chiefly efficacious in pericarditis. Vaccines and serums are of problematical value. In infective endocarditis —fortunately infrequent in children—Cautley's experience with vaccines and serums has proved unsatisfactory. It is difficult to grow the incriminated organism from the blood, difficult to

prove that the organism obtained in cultures is the one causing the disease, and difficult to obtain good results from an autogenous vaccine or from a polyvalent serum. Recourse is sometimes had to paracentesis for the relief of pericardial effusion. It is rarely essential in rheumatic pericarditis, for even the largest effusions may be absorbed. For purulent effusions the pericardium must be opened and drained. Another and more modern operation, sometimes called cardiolysis, is resection of the rib cartilages over the cardiac area, for the relief of general adhesion of the pericardium. The treatment of cardiac failure and backward pressure is the same at all ages. For extreme edema of the lower limbs multiple punctures and sterilized dressings are more satisfactory than the insertion of Southey's tubes. Iron and glycerophosphates are given when compensation is established. Compensation is maintained by regulation of the mode of life, diet, sleep, hygiene and exercise. In every case it is essential to recognize the cause and differentiate the type of cardiac disease and clearly to understand its probable course and prognosis.

Neuroses of Childhood.

Dr. C. W. Burr, Philadelphia, in the Archives of Pediatrics, says that the fundamental qualities that differentiate the nervous child from normal children are a pathologic irritability shown by an excessive response to stimuli of all kinds, weakness in withstanding stress, and a lack of ability to develop power of inhibition, with often a lack of physical strength or, rather, a lack of will to make effort. As the cause of "the nervous child," heredity plays a much larger part than environment. Whatever the physical cause of "nervousness" may be, it is independent of the nutritional processes. The more important of the neuroses and psychoses present in childhood and babyhood are motor disturbances—convulsions, stammering habit-spasm, generalized tic, chorea, epilepsy; purely mental disorders—insanity (mania), night terrors, day terrors, hysteria, obsessions; vasomotor disorders—morbid blushing, tachycardia; disorders of special viscera—nervous vomiting and anorexia, enuresis; headache. The exciting causes are very various, but the underlying cause is in the child himself. The neuroses and psychoses vary greatly in their importance as portents. The child who suffers a series of them almost always is a life-long invalid, but many children suffer from one or another, regain equilibrium and retain it throughout life. Most children who suffer from enuresis, stammering, habit facial spasm, night horrors and the much rarer day horrors, save when the latter is really a manifestation of epilepsy, recover entirely and grow up into average men and women. Of all these, the seriously affected stammerer suffers most, because he frequently never recovers and his speech defect cuts him off from so many things in life that he may become morbidly introspective as an indirect result of his stammering. Convulsions, apparently accidental in origin, may develop into epilepsy, but the mere occurrence of a convulsion, or even a series, if the child recover without any sign of organic brain disease, is not of very great import as to future health. Mania is practically the only insanity occurring in childhood. Usually, if it does not kill, it ends in imbecility. The few who escape become, as a rule, permanently insane in early life. Children with genuine hysteria are easily cured of their attacks, but continue to be hysterics. Passing obsessions are more frequent in children than we are aware of and a large majority of the sufferers show no sign of mental disease in later life. The most important thing in the training of "the nervous child" is the teaching of emotional control, and that cannot be done by making life easy. The whole spirit of to-day is against teachilg children self-control. The real fundamentals of education are self-control (inhibition), obedience, duty, and a love for work. The child too carefully guarded will, when he meets inevitable exposure to any stress, succumb. The child who has too much attention paid to its aches and pains may become a youthful hypochondriac. The child not taught in the nursery and the school to bear unwhimperingly this daily stress will break so soon as he gets into the world of life.

Advanced Cases of Tuberculosis.

Dr. F. M. Pottenger, Monrovia, Cal., has a paper in The Interstate Med. Jour., St. Louis, on "What Does Treatment Offer to the Advanced Tuberculosis Patient?" The concluding paragraphs are as follows:

The writer remembers several instances in which, had treatment been interrupted at the end of nine months, or a year, he would have failed; but, by keeping up the treatment, at the end of two years the patient had an arrested condition and a renewed lease on life.

In the treatment of these advanced cases, aside from the optimistic suggestion, the writer would urge two lines of therapy. These patients should be in the open air. Every organ and system of the body should be studied carefully. The heart, the alimentary tract, the respiratory passages, the nervous system should all be looked into carefully, and wherever there are difficulties they should be corrected if possible. Good food should be supplied and a most careful hygienic regime instituted. These factors act directly upon the patient. They increase the activity of his cells; they enable him to respond better in providing a proper defense. Aside from these measures, specific bacillary products should be employed. The injection of tuberculin is not treating tuberculosis. Tuberculin acts only on the tuberculous process and affects the general well-being of the patient indirectly; general hygienic and tonic measures and those which improve the mental condition of the patient, on the other hand, affect every organ and function of the body and act upon the tuberculous process indirectly. The two are supplementary and both essential to best results. While there is serious objection to inexperienced men treating these advanced tubercuolus patients with tuberculin, yet the writer is sure that those who have had experience in the use of tuberculin and in the treatment of tuberculosis should be able to use this remedy to their great benefit.

The treatment of the advanced tuberculous case with the expectation of producing a good result is a very difficult problem. It is a problem, not for the general man, but for the specialist in tuberculosis; but the writer desires to make it clear that even advanced tuberculosis is not beyond hope. Practitioners in other

fields do not give up a patient because he is seriously ill. Called to a case of typhoid fever when the patient is extremely low, the efforts are doubled so that a cure may be brought about. When a surgeon performs a serious operation he uses greater caution than he would if it were a simple case; so must it be in the treatment of advanced tuberculosis. The difference here lies in the fact that tuberculosis is a chronic disease; the effort must not be made for a day, for a week, or for a month, but for many months and sometimes years.

Surgery of the Thyroid.

Dr. Stuart McGuire, Richmond, in concluding a paper on Hyperthyroidism, published in the Virginia Medical Semi-monthly, says:

Surgery of the thyroid is still in its developmental stage. In reading the literature one is impressed by the fact that each author at one time attributed his good results to some special feature of his operation which he has since found unnecessary or injurious and has abandoned. Fads are fast disappearing, and the work is rapidly approaching the basic principles underlying established surgery.

In the hands of men like Mayo, Kocher, Ochsner, Crile, Tinker and others, the mortality of operations for hyperthyroidism is now from two to five per cent., and eighty-five per cent. of those who recover may be said to be symtomatic cures. It is neither honest nor expedient, however, to make light of the operation or to belittle its difficulties and dangers. The figures quoted are from the statistics of master surgeons, and by no means represent the results of the average operator.

After a successful operation for hyperthyroidism the improvement in the patient is immediate and marked. In fact, no operation in surgery produces such quick and brilliant results. Tremor disappears, the pulse falls to normal, the eyes become less wild, and restlessness and irritability are replaced by quiet and composure. The wound, as a rule, heals rapidly and the patient is able to leave the hospital in from ten to fourteen days.

Because the patient is well from the operation, and because the acute symptoms are relieved, is not ground for immediate return to the ordinary activities of life. Crile very properly states that it requires approximately the same time to recover from exophthalmic goitre as from a nervous breakdown from other causes. A successful operation should be followed by an adequate rest cure.

Can Radium Help Surgery?

"Can Radium Help Surgery in the Treatment of Malignant Tumors?" was the question propounded before the members of the surgery section of the International Medical Congress, by Dr. Louis Wickham and Dr. Paul Degrais (Paris). Their answer was in the affirmative.

Considered from its physical, clinical, and histological effects, radium could, indeed, enlarge the limits of surgical treatment, they said, and opened to it the possibility of a wider and more complete palliative and curative effect on malignant tumors. The operable tumors must be immediately cut out, but if the surgeon still feared a relapse radium could quite well be applied after the operation, so as to give more resistance to the results already obtained. When operation upon the tumor was difficult radium could be employed before, during, and after the operation—the application before making the operation much easier. When the tumor was quite inoperable radium could very often be utilized, surgery assisting by making the passages in which the tubes were to be introduced.

After having pointed out cases of cancer in various parts of the body, showing quite possible and useful co-operation of radium and surgery, the authors admitted that radium had only a local and palliative effect. Still, in certain cases of cancer a state of apparent cure remained during several years in such conditions that one wondered if the elements concerned were not entirely and materially transformed.

Drs. Wickham and Degrais, in conclusion, emphasized the point that if radium could help surgery, special conditions must occur to render this aid possible. Among them was the absolute necessity for all parts of the tumor to be irradiated for the same lapse of time and in the most homogenous way possible. The base and the periphery must be totally irradiated. Finally, and above all, the dose of radium must be sufficient, and must correspond with the greater or less resistance of the cells, according to the energy of the radium employed.

Salvarsan.

Dr. M. von Zeissl, in Berliner Klin, Woch., cites historical records to show that when mercury was first applied in treatment of syphilis it aroused a crowd of objectors and for nearly a century had to fight its way again and again. As late as 1860, J. Hermann of Vienna still proclaimed that constitutional syphilis was the work of mercury that had been given, and a committee of investigation was appointed by the Austrian minister of the interior to decide the qusetion. Zeissl states that he has never had any serious injury result in any of the 1,000 cases in which he has given salvarsan intramuscularly or neosalvarsan intravenously. He has had exclusively good results with them, as he excludes from this treatment every patient presenting contra-indications. He reviews literature from years before the discovery of salvarsan, in which deafness, blindness or paralysis are reported from untreated syphilis alone, and also fatilities and mishaps after mercury.

Experiences with Salvarsan in the Navy.

Dr. Gennerich, in Munchener Med. Woch., remarks that conditions are particularly favorable in the navy for study of syphilis and the effects of treatment, as the men are under such close supervision during their three or four years of service. He then gives the details of cases in which salvarsan has been given at the Kiel Marine Hospital, classifying them under numerous headings and devoting nearly ten pages to his experiences. He excludes all cases under observation for less than a year after treatment. There were two deaths among the 1,200 cases of the nearly four years since salvarsan was introduced; one patient died from embolism, one from a dermatitis with ulcerative enteritis and stomatitis. Both had been given intensive preliminary treatment with mercury and then three injections of salvarsan. There was no disturbance in vision or hearing

in any instance. In obstinate cases of meingo-cerebral syphilis, that is, with moderately severe changes in the fluid, he treats by endolumbal injections every third week of 6 or 8 c.c. of a solution of 0.15 c.c. neosalvarsan in 300 c.c. of physiologic salt solution diluted one-half with cerebrospinal fluid. His experience with sixty-seven of these endolumbal injections has been very favorable. He says that it has proved a weapon against syphilis such as we have never had before. The greatest progress, however, has been realized in aborting the disease; this can be done now in six months at most and in his experience the cure has proved durable in 94 or 97 per cent. of the cases. Seventeen of the men contracted the disease anew from three months to three years after all tests had shown them to be completely cured.

Transplantation of the Testicle.

Dr. V. D. Lespinasse, Chicago, in the A. M. A. Journal, November 22d, states that translpantation of the testicle is a successful procedure in frogs and chickens; spermatogenesis and sexual characteristics are preserved. In guinea-pigs, rabbits, and dogs the results are variable. Some experimenters report that there is no success at all; others assert that the interstitial cells remain and functionate. In the two human cases that have been tried to date, the one with the blood-vessel anastomosis was a failure as far as spermatogenesis is concered; but the interstitial cells may be and probably are present. In the author's case the result clinically has been perfect. The man has regained his sexual powers completely, both as to desire and as to ability to perform. These powers have continued for two years.

The Psychic State of the Surgical Patient.

There is an interesting fact concerning the psychic state of the patient at the time of operation. If the patient is in grave doubt as to whether or not he can survive the operation; if he lacks confidence in the hospital or in the surgeon, the patient has what in psychology is known as a low threshold, and if he goes under the anesthetic in this state, the effect of any physical injury will be augmented and throughout the entire anesthesia there is manifested the evidence of fear in the respiration and the pulse, and in the way in which he reacts to the anesthetic and the trauma of operation. These patients take the operation poorly. It is as though the patient went under the operation with his motor set at high speed, so that the energy of the body is consumed more rapidly, and thence the exhaustion or shock is increased.—Geo. W. Crile in The Southern Medical Journal.

The Inaugural Symptoms of Gall Stones.

The error that has found a place in the minds of all medical men, and has been faithfully carried down from one generation of textbooks to another—that in the majority of cases gall-stones cause no symptoms—has been forever dispelled by the work of the surgeon. In operating in cases of advanced cholelithiasis a history of inveterate though perhaps trivial dyspepsia over a long period can almost always be obtained.—Sir Berkeley Moynihan, Address in Surgery, Brit. Med. Assn., 1913.

Intraspinous Medication in Paresis and Tubes.

Dr. W. F. Lorenz, Mendota, Wis., in a paper on the above subject in the Wisconsin Med. Jour. says:

The following conclusions seem warranted at this early date:

1. Intraspinous medication is a simple procedure.
2. The Swift-Ellis method of using blood serum has, in our hands, been very irritating and caused alarming symptoms.
3. The direct injection of a dilute solution of neosalvarsan in doses of 0.0006 gm. in the male and 0.0003 gm. in the female caused no untoward symptoms.
4. The direct use of neosalvarsan has apparently as much effect as the Swift-Ellis blood serum.
5. Intraspinous medication is a valuable adjunct in the treatment of early paresis.
6. The colloidal gold chlorid test (Gold Sol) as used by Lange gave a characteristic reaction in every case of central nervous syphilis.
7. The antisypilitic measures employed affected the "Gold Sol" test, making the same less positive and paralleling the reduction in lymphocytes and globulin.
8. A case of probable non-septic meningitis gave a reaction with the "Gold Sol" in the higher dilutions.

Radium in Treatment of Malignant Tumors.

Dr. Howard A. Kelly, Baltimore, at the Clinical Congress of Surgeon in Chicago, said:

I have used radium in 366 cases, of which 188 were malignant growths, including tumors of all parts of the body—mouth, throat, nose neck, lower part of the abdomen, the uterus, etc. I have treated forty cases of cancer of the lower part of the uterus, where the disease is apt to spread rapidly. The cases were considered hopelessly advanced and inoperable, and in three of them, after extensive operation, radium was used. In these three instances there has been no recurrence and health has been fully restored. I have also had four cases in which no operation could be done on account of the general condition of the patients. Two of these patients had diabetes, one Bright's disease, and the other a serious ailment which contra-indiacted operation. In these cases apparently a cure has been affected. I have had two patients with cancer of the larynx, one of whom has been well for months, and the other appears to have recovered, but is still under observation.

Suggestion and Disease.—It is undoubtedly true that a serene spirit is a valuable agency in the recovery from disease. It is likewise true that suggestion has a mighty potency when it is rightly applied. It is a legitimate and recognized branch of therapetuics, which may be destined to have a wide application in the future treatment of disorders of the nervous system. But it is likewise true that suggestion heals no broken bones, a spirit unperturbed gives no safeguard against poisoned mosquitoes, and the power of the will and the imagination is potent chiefly against disorders of the imagination and the will.—David Starr Jordan, Science.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The April meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday, April 24th, at 8:30 P. M.

The Board of Censors reported favorably on the names of Drs. Frisch, Shivers and Clark, who were elected to active membership.

Through the Library Committee a vote of thanks was extended to Dr. G. M. Gould, who very kindly donated to the medical department of our public library a copy of his Index Medicus.

The Committee on Health and Sanitation reported that the public prosecutor had promised to push the charges against the Product Company, the officers of which have been indicted by the Grand Jury for conducting a public nuisance.

The invitation extended to the Society by the Vineland Training School, Vineland, N. J., to spend a day as the guests of the school, was accepted with thanks and a committee was appointed to arrange a motor party for May 8th. This affair to take the place of the regular May meeting.

The following program was then presented:

Paper, "Neurasthenia," by Dr. E. L. Reed, of Atlantic City.

Dr. Reed ably discussed neurasthenia in all its phases.

Drs. Philip Marvel, Scanlon, Stern and Miller entered into the discussion.

Paper, "Some Recent Advances in Anesthesia," by Dr. James T. Gwathmey, of New York City.

Dr. Gwathmey's direct text was the oil-ether coloric anesthesia as used by himself and others in several hundred cases, most of which were reported as being entirely satisfactory in every detail. The method consists in the administration of a 75 per cent. ether-oil mixture slowly, by rectum, through a rectal tube until anesthesia is complete. Dr. Gwathmey uses olive oil in preference to other oils because he found that less nausea and vomiting resulted when olive oil was used. The following advantages of this method of administering ether over other methods were pointed out:

1. The apparatus is simple and inexpensive, consisting of a rectal tube, a glass funnel and a graduated container for the mixture.
2. The nervousness and fear caused by the approach for inhalation anesthesia is entirely eliminated.
3. It is safer than any other method.
4. The relaxation is complete and so is especially advantageous in throat surgery.
5. The after effects of anesthesia, sometimes so unpleasant with other methods, are reduced to a minimum.

Dr. Gwathmey then entered into the details of the technic and reported several cases. He strongly emphasized the fact that the purpose of oil-ether coloric anesthesia was not meant to take the place of other methods entirely, but that it was simply an addition to what we already know about anesthesia. Dr. Gwathmey thinks anesthesia as a whole is still in its infancy.

A practical demonstration of oil-ether coloric anesthesia was announced for the following afternoon, to be given at the Atlantic City Hospital.

Dr. Gwathmey's paper was discussed in length by Dr. H. T. Harvey. A vote of thanks was then tendered the speakers of the evening.

Forty members were present.

BERGEN COUNTY.

Fred. S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, on the evening of April 15. The president, Dr. Edwin Holmes, occupied the chair. Twelve members were present.

The scientific program was as follows:

1. Dr. G. H. Ballery, Paterson, N. J., on "Vaginal vs. Abdominal Hysterectomy in Cancer of the Uterus."
2. Dr. Henry L. Coit, Newark, N. J., on the "Medical Milk Commission and its Objects," illustrated with lantern slides.

Dr. Ballery was unable to be present.

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The eighty-fourth annual meeting of the Burlington County Medical Society was held at Brown's Mills-in-the-Pines on April 8, 1914, President C. D. Mendenhall in the chair with good attendance of members.

Dr. Judson Doland of Philadelphia addressed the society on "Pseudo-Rheumatism; its Diagnosis and Treatment."

Dr. Doland's talk was very interesting and called forth considerable discussion. Several cases were cited and a number of questions were asked, to which Dr. Doland replied.

Dr. D. C. English, editor of the State Society Journal, was next introduced and gave the Society a very interesting talk. He spoke earnestly in support of Dr. Daland's remarks on the importance of accurate diagnosis and care in the use of the serums and vaccines in the treatment of this and other diseases and concluded by calling the Society's attention to the fact that one of our members, Dr. Enoch Hollingshead, who is president of the State Society, should be well supported by a large attendance of this Society's members at the coming annual meeting at Spring Lake in June.

After a good dinner at The White House the Society adjourned.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Pathological and Anatomical Society held its regular meeting on April 9th and offered to its members, and all others of the profession who cared to attend, a program of usual excellence, as follows:

Report of Cases: A case of glioma of the eye with meningeal invasion, Drs. Eagleton and Holmes; A case of diabetes with extreme lipaemia, Dr. Van Ness, extreme pathologist, City Hospital.

Demonstration of Specimens: Adeno-carcinoma, Dr. Strasser.

Paper: Ovarian tumors, their classification and pathology, Dr. Hardin.

On Glioma of the Eye Dr. Eagleton pointed out several things of interest or importance, emphasizing, especially, the difference between the malignancy of Glioma in the Eye—i. e., the Retina—which is extreme and demands radical treatment, and Glioma of the Brain with its course of simple tumor growth. The case of Diabetes was very well reported by Dr. Van Ness and was one of rare occurrence in the extreme degree of lipaemia, the test-tube demonstration of which was very noteworthy.

The Essex County Medical Society held a scientific meeting on April 13th, to hear Dr. W. Gilman Thompson, of New York, on Occupational Diseases. The speaker gave a most instructive description of the ravages of the many industrial diseases and the insidious ways in which workmen and workwomen fall prey to them, sometimes through failure of law to protect them, often through their own neglect or ignorance of necessary precautions. The importance of the subject presented by a speaker of such ability and high standing as a practitioner, gave an impulse to the study of the matters involved which was very welcome to us in this thriving, leading industrial center. Miss Lillian Erskine, Special Investigator of Occupational Diseases and Sanitary Expert in Mechanical Risks, also spoke, in furtherance of what was said, adding from her own experience in investigations lucid illustrations and suggestions. Dr. John B. Andrews of New York was also on the program but unable to come. Several of our own members took part in the discussion and attention was prominently directed to the work of our own Public Health Education Committee, which desires to further extend the work of providing lectures to any kind of audiences, by co-operating with organizations which hold public meetings of educational purpose for their members, as labor unions, men's clubs, etc. Dr. Armin Fischer spoke of his interest and work for years in this line. Dr. Maria Vinton spoke on behalf of the Public Health Education Committees of both the Essex County and the State Societies. Drs. Horsford and Worl spoke. Dr. Thompson, on our behalf, also addressed, on April 5th, the Labor Lyceum, Newark, being introduced by Dr. Fischer, and much interested a large audience of nearly 400 workmen in all of Newark's trades on Lead, Arsenic, Phosphorus, Metal Polishing, Caisson and Grinder's Diseases, rag sorting, etc. Another such lecture recently managed by this Public Health Education Committee was one before the Essex Trades Council, by Dr. W. Gilman Thompson, introduced by Dr. Fischer.

The Academy of Medicine of Northern New Jersey held a stated meeting on April 15th, at which the annual election of officers took place with the following result: President, Dr. Gordon K. Dickinson; Vice-President, for 2 years, Artur C. Dougherty; Trustee, for 3 years, John C. McCoy; on Committee on Admissions, for 3 years, Arthur Stern; on Library Committee, for 3 years, F. R. Haussling. The scientific paper of the evening was read by Dr. John B. Deaver of Philadelphia. His subject was "Living Pathology." His argument for more radical removal of possibly malignant growths, one phase of which raised the question of the possibility of fibroids of the uterus becoming cancerous. In the discussion which followed, Dr. E. J. Ill, stating, out of a large experience and quoting large figures, that such metamorphosis of tissue does not occur, at least not as commonly as said. Dr. F. D. Gray spoke of his esteem for Dr. Deaver's paper but also thought as Dr. Ill on this point. Dr. Dickinson and Dr. Carl Sutphen also discussed the paper. A fruitful point for thought was that many gall-bladder and stomach troubles originate in previous appendix infections.

The Central Dental Association of Northern New Jersey invited the members of the medical profession to hear Byron C. Darling, M. D., of New York, April 20th, on "The Focus of Infection or the Relation of Dentistry to Good Health," shown by Roentgen examinations. It was a most estimable subject and well presented to both professions, being discussed by R. D. Baker, M. D., of Summit, from the standpoint of internist, and R. Ottolengui, D. D. S., of New York, from that of a dentist. This Dental Association again invites the members of the medical profession, next, to a meeting at Asbury Park in July to hear Wm. H. Fitzgerald, M. D., of Hartford, on Reflex Anesthesia with practical demonstration of anesthesia by pressure, without drugs (nor hypnotism).

The Newark Medical League met April 6th and heard Dr. Walter M. Brickner, of New York, on "Shoulder Disability: Stiff and Painful Shoulder," with lantern slide demonstrations.

The Section on Pediatrics of the Academy of Medicine met April 2nd, electing E. W. Murray, chairman, and O. A. Mockridge, secretary. A symposium on "The Heart from Infancy to Puberty," was given by C. R. Brown, C. V. R. Bumsted, S. Elizabeth VanDuyne and T. N. Gray. The Section on Medicine met April 14th, electing F. C. Horsford chairman and A. C. Zehnder secretary, Dr. C. F. Baker read a paper on "Roentgenography of Stomach and Intestines," which Dr. Arthur C. Dougherty discussed.

The very sad death, by railroad accident, of Dr. George O. Welshman has called forth many expressions of sympathy and resolutions of condolence, which are separately forwarded.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hudson County Medical Society came together as usual in Odd Fellows' Hall, April 7, 1914. The meeting was attended.

Dr. A. P. Haskings as chairman of the committee on revision of By-Laws, took up in detail the various sections, and submitted the proposed amendments and corrections, which were ordered tabled for the month required, prior to adoption.

Dr. G. K. Dickinson announced that Dr. J. B. Deaver, of Philadelphia, would address the Academy of Medicine of Northern New Jersey, at Wiss Building, Newark, on the 15th instant, taking "Living Pathology" as the topic.

Dr. F. D. Gray stated that about one-third of the reputable physicians of the County were members of the Hudson County Society. He moved that a membership committee be appointed, and that the members thereof be selected geographically with the idea of usefullness, and a special movement or campaign made to increase the membership. He reminded the meeting that next year our society

will be honored by a chair in the State Society. Even without this incentive the Society should see that its membership was further promoted.

Dr. H. J. Bogardus exhibited a girl showing Volkman's ischaemic paralysis. This child last October fell on the street while roller skating, and fractured both bones of the forearm at middle third. Next day, under ether, the fracture was reduced, and anterior and posterior splints applied, after the conventional method of treatment. After several weeks, on removing the dressing, the deplorable condition mentioned was in evidence. The narrator showed the radiogram of the arm, and passed around for inspection a simple apparatus used in treating these disheartening lesions, at the Orthopaedic Hospital, and which had given excellent results.

Dr. H. Spence mentioned the new milk ordinance, and moved that a committee be appointed from the Society, to meet with the other physicians who were on the inside on this matter.

On motion the recital of instructive cases was dispensed with, and the paper of the evening, entitled "Bone and Joint Surgery," was then presented by Dr. G. H. Sexsmith, of Bayonne.

Dr. Bogardus in opening the discussion said that while the recent results from the entering of joints, fracture work, bone grafting, etc., had given great stimulation to open surgery, nevertheless he felt that the mechanical and manipulative factors still had a field, and as was recently propounded by Jones of Liverpool, the question before modern surgeons was not whether the operative treatment should supercede, but for each individual case how we can get the best result, and this may necessitate operative, manipulative and mechanical procedures. Therefore, the speaker felt there was still some use for the old Buck's strap.

Dr. F. D. Gray regarded the paper and exhibition of slides as very instructive, and felt that he might disagree on some of the points and emphasize others. Dr. Sexsmith, he recalled, used iodine in compound fractures, after he had failed to get union. The discusser pours it in immediately, thereby preventing or overcoming infection, and saving complications. In a limited experience of some fifteen cases, he had not found much difference between the early or the delayed operation, and the early interference had to commend it, ease of reduction, as there was considerable setting of muscles after ten or twelve days. His results had varied. One of the best was a plating of the humerus in the midst of active sepsis, with free pus discharge at the time, which continued for several weeks, and the plate had to be removed, but the result was all that could be wished for. One of the worst results was a non-union of simple fracture of femur, where everything was supposed to be sterile. A few days after plating, serum discharged, infection developed, and eventually ended in amputation of the leg. A haematoma had formed at the time of operation, and eventually broke down. The speaker felt that operative procedures in fractures had come to stay and, with Dr. Bogardus, he also believed that benefits could be gained by mechanical means. He also was of the opinion that there are quite a number of cases that demand open treatment but do not need the introduction of any foreign body. Thus in a bad fracture the open operation can be done, proper apposition secured, and if no particular tendency to displacement exists, the incision can be closed.

Dr. G. K. Dickinson told the audience that he was a "Stevens' Boy," but as the years went on he found himself deficient in mechanics. He was glad that his friend Dr. Sexsmith had been able to demonstrate the big work that is going on in Bayonne. The essayist had quoted Albee, Lane, Murphy, etc., and the speaker felt that Dr. Sexsmith was doing just as good work, and getting as good results, and he did not mean this assertion in the sense of "tossing a floral tribute." He did not feel that every surgeon was given the mechanical ingenuity to do the type of work that bone surgery called for, and that many surgeons clever in abdominal, thoracic or head work, cannot go to broken bones and get success.

Dr. Henry Spence, who had recently returned from a visit to Johns Hopkins, spoke of the strong feeling there against operating in tubercular joints, and he was glad that Dr. Sexsmith had somewhat different views, as personally he thought there was a field for surgical results in these cases. The narrator saw a joint operation at the institution mentioned, a few weeks ago. The articulation was infected following child birth: the flap method was used. An objection had been raised against this method on the basis that the flap contains nerves and produces pain, and also disturbs the tissues. To eliminate these detriments chromicized pigs bladder, lasting ninety to one hundred days, stitched in place, has been interposed, with excellent results.

Dr. W. F. Faison informed the gathering that he did not treat fractures and did not want them, and he was pleased to know that Dr. Sexsmith handled these cases. He had seen Dr. Murphy handle some fractures and joints, and incidentally he recalled Dr. Murphy exhibiting a fractured arm, with good results, which the skiagraph showed one and one-half inches overlapping, and the eminent surgeon had said "What if some shyster lawyer got hold of this."

Dr. Sexsmith briefly closed the discussion, and mentioned that he had been guided largely in his work by Lane's experience.

PASSAIC COUNTY.

Joseph H. Oram, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, on April 14th, 1914.

Dr. A. F. McBride, president, occupied the chair. There were thirty-five members present. The minutes of the last meeting were read and approved.

In the absence of the chairman of the Committee on Health and Legislation, Dr. C. R. Mitchell reported what the committee had accomplished since the last meeting of the Society.

Dr. J. V. Bergin read a very interesting and instructive paper on "Some of the Accidents of Labor."

Dr. C. R. Mitchell spoke at length on salvarsan and neosalvarsan. A number of the members present gave their experiences in the use of those preparations.

Dr. E. J. Marsh spoke of two very interesting cases he had seen at the Isolation Hospital. One of the cases resembled bromidism, but from a careful survey of the case it was diagnosed as smallpox.

Dr. J. M. Stewart read the resolutions his committee had written on the death of Dr. Agnew.

Dr. V. E. Bullen's application for membership in the Society was, under the rules, laid over until the May meeting.

On motion, the Society adjourned.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity

Walter B. Mount, M. D., Secretary.

On Monday evening, March 23rd, The Associated Physicians of Montclair and Vicinity held their regular monthly meeting at the Montclair Club. The speaker of the evening was Dr. Royal S. Copeland, Dean and Professor of Ophthalmology, the New York Homeopathic Medical School and Flower Hospital, and his subject was "Eye Symptoms and Conditions of Importance to the General Practitioner."

Dr. Copeland said in part:

The specialist may see only part of the truth very clearly, and therefore should first have a good knowledge of general medicine to avoid this fault. The specialist should know everything about one thing and something about everything.

High blood pressure is important to the ophthalmologist, as it almost always accompanies retinal haemorrhage (except when traumatic in origin), separation of the retina, primary glaucoma, and scleritis. Asthenopia or painful vision may be cured by lowering a very high blood pressure even when there exists a slight uncorrected error of refraction and sometimes only after lowering the blood pressure. Nephritis, pregnancy, syphilis, etc., may give typical pictures in the retina.

Chronic headaches are very often due to congestion in the nose and accessory sinuses. Dowling's reaction enables the general practitioner easily to determine the presence or absence of disease in the accessory sinuses. The test is as follows: An applicator is wound with cotton 3 by ½ inches and extending ½ inch beyond the point, and is saturated in 10% argyrol. This is pushed completely into the nose and then a final push given, the applicator withdrawn, and the cotton tampon left in half an hour. In a normal nose there is very little reaction beyond the discomfort, and the tampon comes out black. If disease of the sinuses exists, a coryza and conjunctivitis starts up, and the tampon comes out bleached, often covered with mucus. This test does not determine the site of the trouble. The treatment is the use twice a week of argyrol tampons left in half an hour as above described.

In injected sclera we must remember that the sinuses surround the orbit.

Acute inflammatory glaucoma has often been mistaken for iritis and the atropine given has done harm even to the point of destroying the eyesight. But pain in the eyes, especially with redness and tenderness of the eyeballs, cannot be called iritis.

The simple chronic glaucoma is not so easily recognized, but the tonometer makes it possible to diagnose what the finger cannot reliably diagnose as increased tension.

The fusion power of the eyes—that is, the ability to fuse images—is often poor, as shown by tests with the amblioscope. Here the daily use of a stereoscope for 15 minutes often relieves the symptoms.

Pink eye is a very satisfactory disease, being cured easily by zinc chloride, grains 1 to the ounce, 3-4 drops being placed in each eye 3 or 4 times a day, and adrenalin chloride solution used occasionally.

In closing, Dr. Copeland laid stress on the necessity for fresh air and sunlight in eye diseases, especially in suppurative conditions, or "scrofula sore eyes," phlectenular conjunctivitis, etc. Even where, as in iritis, darkness is necessary, we can still keep the patients in the fresh air.

The paper was discussed by Dr. Opdyke of Montclair, Dr. Emerson of Orange and Dr. Richardson of Montclair. Dr. Copeland answered several questions and closed the discussion. A light supper followed.

Association of Attending Physicians to the Hudson County Tuberculosis Clinics.

Martin I. Marshak, M. D., Secretary.

This newly organized association held their second regular meeting at the Jersey City Clinic on Monday evening, March 30, 1914.

The officers of this association are Dr. A. E. Jaffin, of Jersey City, president; Dr. H. Brown, of Jersey City, vice-president, and Dr. M. I. Marshak, of Bayonne, secretary and treasurer.

The scientific end of the evening's program consisted of reviews of the current literature on topics pertaining to tuberculosis.

Dr. Jaffin in reviewing the literature on intensive Iodine treatment in tuberculosis quoted L. Boureau's article in the Journal de Medecine de Bordeaux. Boureau regards iodin as the direct, heroic and specific procedure for tuberculosis, and declares that it transforms the system in a way amounting to a complete immunization. The patient takes it in his beverages; it has a disagreeable taste only in plain water. He prefers to use the tincture which in France is about 8 per cent. He starts with small doses and gradually increases until he has reached about 300 drops. These experiences have been mostly with pulmonary tuberculosis, but the few cases of renal tuberculosis on which he used this treatment gave good results. Iodine is the wonderful exception, among microbicidal substances in that, while fatal for microbes, it is a tonic for human beings.

Discussion: Dr. Pollack said that in advanced tuberculosis, specific complications are frequent; therefore iodine or its salts may work wonders. He cited cases from the sanatorium. "In these cases iodides improved both conditions. When iodide treatment was stopped the condition retrogressed. It seems that iodine internally can not act beneficially because of the irritant effect upon the stomach. The function of this organ must be preserved."

Dr. Curtis said he had no experience with iodine internally, but he had used an ointment

containing soluble iodine as an emollient, and has found iodine in the urine in 30 minutes. He has used this preparation in enlarged tubercular glands, which became quiescent and rapidly improved.

Dr. Sprague used iodine for irrigating sinuses in tubercular joint infections. He has used it as an antiseptic not as a specific against tuberculosis. He intends to try iodine irrigation as compared to irrigation with other antiseptics to see if there will be any difference in the rapidity of healing between them.

Dr. Curtis in reviewing the literature on acromion process auscultation, said that, Dr. R. Abrahams, of New York, has used auscultation at the acromion process and the acromial end of the clavicle for the last three years. Dr. Abrahams says that in normal individuals the signs at the acromion are more distinct than anywhere else.

In cases of infiltration he says that signs are distinct at the acromion when they cannot be brought out at the apex. He conveys the sense that there is a certain amount of bone conduction. Dr. Curtis has tried this method in over 90 cases and finds that he cannot make out any difference between the sounds here and at the apex except that the joint sounds are brought out more definitely.

Dr. Jaffin said he had tried this method but has had no satisfactory results.

Dr. Pollack said that in order to properly auscultate around this region, there ought to be a special bell. He found no results in cases in which he had tried this method.

Dr. Brown said he had never been able to hear any thing beyond that heard at the apex.

Dr. Marshak said that he had tried this method without results.

Dr. Brown in reviewing the literature on therapeutic pneumothorax, said that the idea was rather old, being first mentioned in 1843, using air. It was brought to the attention of American physicians by Murphy in 1893. Reports of this operation are extremely good. The effect is that of immobilization. While the lung is resting a great deal of fibrous tissue is formed which contracting encapsulates or cuts off the foci producing a lymph stasis. The best results have been reported in chronic cases, moderately or far advanced and in unilateral cases, although it has been used in bilateral cases. In the last the worst side is injected first, the other side seems to improve because of sluggish circulation produced; somewhat akin to a Beir's hyperaemia.

Murphy advises it in incipient cases also in cases of haemoptysis. In some cases of pleurisy with adhesions, these have been broken up and have been prevented from forming again. The contraindications are incipiency unless not improved under usual treatment, acute miliary tuberculosis, dense extensive adhesions, large cavity formation, myocarditis and other constitutional conditions. The method employed is to force an innoctuous gas, usually pure nitrogen, into the pleural cavity through a needle puncture, under pressure of a constant weight. 200 c.c. are usually injected the first time, then 500 to 1000 c.c. This is repeated every two or three weeks. The results have been very good—Temporarily improved to arrested—in 50 per cent. of the cases treated. The temperature goes down, appetite improves and the patient improves generally. This is no cure but is one of the procedures which we class among those that postpone death, in suitable cases with little danger.

Discussion: Dr. Stack asked where the needle was inserted.

Dr. Brady asked whether this has been used in non-tubercular pleurisy.

Dr. Sprague thinks that as immobilization is so effective in joint tuberculosis there should be no reason why it would not be effective in lungs.

Dr. Jaffin has seen some authors advocate the use of pneumothorax in cavities. In doing this work X-ray is essential.

Dr. Brown in closing said that Dr. Murphy makes the puncture in midaxillary line depending on X-ray findings. He prefers to make it between the sixth and eight interspaces. In regard to pleurisy, all the authors mention the tubercular type only.

New adhesions may be broken up, old and dense ones will not. The lungs never returns fully to its original expanded condition. Murphy's associates claim that in time the lung will return to its normal expanded state. X-ray is vital in this work. In our cases of tuberculosis there is nearly always a mixed infection. These are always benefited. When mixed infection is cut down it is easy to take care of the tuberculosis. If air or oxygen is sed collapse is more rapid.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

On the evening of March 26th, 1914, the members of the Morristown Medical Club were entertained by Dr. George L. Johnson at his residence, Morristown, N. J. The majority of the members attended and among the guests were Dr. R. W. Moister of Summit and Dr. J. F. Horn of Morris Plains. Dr. James Douglas of Morristown was chairman. Dr. James B. Griswold demonstrated a pulmometer recently purchased by the Electric Company, which they would send as rapidly as possible anywhere in Morris County on request by a physician.

The address of the evening was made by Dr. W. H. Lawrence, Jr., of Summit, his subject being "Metastatic Arthritis." The doctor thought that following such leaders as Murphy, Billings and others, the medical profession was beginning to hold new ideas about acute joint infections formerly known as acute articular rheumatism. In practically all cases there could be found some original recent foci of infection and this should receive attention at the same time that the joint was being cared for. The infection might be from the teeth, tonsils, gastro-intestinal tract, genito-urinary tract, or, in fact, in any part of the body, and it was often extremely interesting to determine this portal of entry. Further treatment consisted in immobilization with extension of the bones, the aspiration of the joint and the injection of a two per cent. solution of formalin or other antiseptic and in many cases opening the joint, washing out and sewing up without drainage. In chronic cases, those generally described as arthritis deformans, there was often some long-continued infection responsible.

In the discussion, Dr. S. C. Haven spoke of several persons in whom the source of infection

appeared to be in the mouth beneath a dental bridge. Dr. F. H. Glazebrook referred to Lane's work on intestinal stasis and felt certain that many persons with this condition suffered from chronic joint troubles which improved after operation on the intestinal tract. Most of those present discussed the paper and were able to report cases from their own practice.

Dr. Lawrence said that there were two forms of arthritis that might be associated with or caused by the gonococci bacilli, one within three weeks of the initial infection and the other later when a gleet was present. He also said the European authorities claimed that the dental bridge made by American dentists and so common in this country, at times concealed the seat of infection to which the arthritis was due. In closing he said that because he thought all arthridides followed infection elsewhere, we should properly consider them metastatic in origin.

A collation was served at the close of the discussion.

Mountainside Hospital Clinical Society.

Ralph Opdyke, M. D., Secretary.

At the last meeting of the Mountainside Hospital Clinical Society, held at the Mountainside Hospital, Thursday, April 2nd, 1914, it was moved and seconded and the secretary was instructed to advise the State Journal's editor of the papers read and reports made at each regular meeting of the Society. I take pleasure in reporting to you for publication in our monthly Journal the transactions of the April meeting, as follows: The following papers were read and freely discussed:

1. When to Operate in Gall Bladder Disease, by Dr. James S. Brown.
2. An Unusual Delivery, by Dr. W. B. Mount.
3. Arterio-Sclerosis of the Kidney, by Dr. J. T. Hanan.
4. An Unusual Cause of Reflex Cough with Cure, by Dr. Ralph Opdyke.

The following will be the program for the next meeting, to be held May 7th:

1. Some Experiences in Treatment of Heart Disease, Dr. Henry Wallace.
2. A Case of Arthritis, Dr. S. S. Bradford.
3. Hydrothorax, Dr. J. H. Young.
4. Difficult Diagnosis of Acute Appendicitis, Dr. H. W. Foster.

The Society meets on the first Tuesday of each month at the Mountainside Hospital. Its officers are: President, Dr. James T. Hanan; vice-president, Dr. Fayette E. Hubbard; secretary and treasurer, Dr. Ralph Opdyke.

Summit Medical Society.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, March 27th, at 8:30 P. M., Dr. Keeney entertaining and Dr. T. P. Prout in the chair.

The following members were present: Doctors Baker, Campbell, English, Hamill, Keeney, Lamson, Lawrence, Moister, Pollard, Prout, Krauss, Bowles and Sutphen, and the following guests: From Morristown, Doctors Mial, Vaughan, Lewis, Douglass, Lathrop, E. B. Sutphen, Glazebrook and Haven; from Elizabeth, Doctors Quinn, Grier, Green and Eaton; from Madison, Dr. Seward, and from Summit, Doctors Bramley and O'Reilly.

The minutes of the previous meeting were dispensed with.

The paper of the evening was read by Dr. John Rogers, of New York, on "Thyroid Gland and its Pathology." Dr. Rogers said that it is important to realize that in all diseases of the thyroid gland there are practically four stages: First, a simple hypertrophy or goitre; second, a hypothyroidism; third, hyperthyroidism; fourth, exophthalmic goitre. A primary atrophy of the gland is exceptional, myxodema being usually preceded by a hyperthyroidism of the organ.

The symptoms referable to thyroid disease are really an expression of fatigue of the cells of that organ. Thus in a simple hypertrophy of the gland and its resulting hypothyroidism we get headache, low blood pressure, subnormal temperature, gastro-intestinal symptoms and a dry, cool skin, which express the stage of fatigue of the gland.

In hyperthyroidism, which represents the stage of exaltation, we have in dyspnoea, tachycardia, nervous irritability, and a moist, lushed skin. There are many different varieties of goitre depending on the relative change in the amount of colloid, the condition of the epithelium, etc.

The product of the thyroid gland is a combination of iodine and organic compounds. Dr. Rogers asserts that the only demonstrable nerve supply is that of the sympathetic. There is a mutual interdependence with the other ductless glands of the body. He has isolated a thyroid proteim which he believes to be the active ingredient of the thyroid gland. It has been proven that this substance lowers the blood pressure, increases gastric secretion and is a direct antagonist of the action of adrenalin.

In a series of interesting experiments on tadpoles it was found that feeding them on thymus gland inhibits their transformation and growth into frogs. When fed with thyroid they attain development into frogs very rapidly and then die. These experiments shows that there is a balance between the thymus and thyroid secretions which control growth.

In regard to treatment for thyroid disease, he said that many cases of simple hyperthyroidism were cured by hemi-thyroidectomy. In the advanced stages of the disease he considers the ligation of the vessels preferable, and 75 to 80 per cent. of cures may be obtained by this method. The operation of hemi-thyroidectomy should not be undertaken in undeveloped people or in cases where the glands are symmetrical or where there is high blood pressure and exopthalmos or in severe and acute cases or in pronounced advanced cases.

The iodine treatment depends on the condition of the epithelium. If the epithelium is normal the results may be favorable, but if the epithelium is fatigued and unable to utilize the iodine in the body the symptoms may be exaggerated and harm done.

The paper showed the results of years of painstaking and careful work on the thyroid gland and was a brilliant resume of the facts which have been learned to the present time. Many new ideas in regard to it, which Dr. Rogers is not yet ready to publish, as facts, were brought forth as probabilities.

The paper was discussed by Doctors Prout, Lewis, Grier, English, Seward and Glazebrook.

The meeting adjourned and refreshments were served.

MEETING OF APRIL 24, 1914.

The regular meeting of the Summit Medical Society was held at the Highland Club, Friday, April 24th, 1914, at 8:30 P. M.

The following members were present: Doctors Bebout, English, Gorton, Hamill, Jaquith, Keeney, Lamson, Lawrence, Meigh, Moister, Prout, Smalley, Krauss, Bowles, Tweddell and Jones, and Doctors Vaughan and Sutphen of Morristown, Dr. O'Reilly of Summit, Dr. Morris of Springfield and Dr. Ransom of Maplewood.

Dr. Eliot Gorton was in the chair.

The minutes of the previous meeting were read and approved.

The paper of the evening was read by Dr. Harry Bowles on "Abortion."

He gave a very thorough resume of the subject, describing the different causes both predisposing and exciting, the symptoms of threatening and inevitable abortion, the prognosis, and the treatment of these various conditions. He said that the uterus should be emptied in the most conservative manner possible and that the finger was by all means the safest instrument to use. In retained secundines a large spoon curette or a dull curette is preferable. He spoke of the danger of puncturing the uterus.

In discussion, Dr. R. H. Hamill said that we are sometimes overactive in the treatment of threatened abortion and emphasized the undesirability of frequent examinations.

Dr. W. B. Morris spoke of the use of autogenous vaccine in infected cases, in several of which it had seemed to produce good results.

Dr. B. B. Ransom spoke of the dangers of puncturing the uterus. He mentioned a case in which antistreptococcic serum was applied locally to the uterus in addition to the usual injections, with rapid improvement in the case.

Dr. T. P. Prout said that he thought it was becoming recognized that there were cases of syphilitic infection which occurred through or during an abortion and were unrecognized at the time but which were later followed by symptoms of tabes.

Dr. W. H. Lawrence emphasized the danger of infecting the patient by examination and called attention to the fact that such infection does not travel up in the tubes, as in gonorrhea, but sets up an infiltration in and around the uterus which may produce chronic invalidism.

Doctors English, Smalley and Meigh also discussed the paper.

Interesting cases were reported by Doctors Moister, Lawrence and Meigh.

The meeting adjourned and refreshments were served.

The error is often made by capable Roentgenologists of mistaking the normal bone grooves of meningeal arteries for lines of skull fracture. Familiarity with the location of these grooves and comparative radiographs of the opposite side will obviate such an error.—Amer. Jour. Surg.

Other Organizations.

Union County Mosquito Extermination Commission.

The commission, at its meeting held March 31st, re-elected Dr. Frank C. Ard president. Drs. J. S. Green, Elizabeth, and F. W. Sell, Rahway, are members of the commission.

Dr. J. T. Headlee, State entomologist, was present and discussed the mosquito extermination work for the coming season. Work was commenced in March for the cleaning and reopening of the 700,000 feet of ditches in the salt meadows. Details of this campaign were discussed, and optimistic views regarding the work were expressed.

Mosquito Extermination Commissions Form State Organization.

A large and interesting convention of the county Mosquito Commissions of New Jersey was held in the Hotel Traymore, Atlantic City, February 20-21, 1914. Besides the many prominent members of the various county commissions in our State, the following were present and addressed the convention: Dr. L. O. Howard, chief of the U. S. Bureau of Entomology; Dr. Joseph O'Connell, health officer of New York; Dr. W. E. Britton, Conn. State entomologist; Mr. Herman Hornig, entomologist of Philadelphia; Dr. Thomas J. Headlee, New Jersey State entomologist; Dr. J. G. Lipman, director of the N. J. Agricultural Experiment Station, and others.

At the closing session, a State organization was effected. It will be one of the functions of this new body to impress public sentiment with the necessity of continuing the campaign against the mosquito, as well as to perfect plans for extermination work. The officers of the association are: President, Dr. Ralph H. Hunt, of East Orange; first vice-president, Dr. Edgar Darnall, of Atlantic City; second vice-president, Dr. D. H. Vannorel, of Hasbrouck Heights; secretary-treasurer, Dr. T. J. Headlee, of New Brunswick, entomologist of the New Jersey Experiment Station and executive officer in charge of the work of mosquito extermination; legislative committee, W. C. Hope of Roselle, Dr. H. H. Brinkerhoff of Jersey City, C. H. Cramer of Manahawken and Dr. William Westcott of Berlin.

National Association for the Study and Prevention of Tuberculosis.

This Association has recently published its annual statistical report from which the following facts appear: Over twenty million dollars were spent last year, 69.3 per cent. was derived from public funds, federal, State, county and municipal; patients had been treated in over 500 sanatoria and hospitals, the construction of which institutions had cost over $18,000,000; care of patients in dispensaries and open-air schools cost about $825,000.

The National Association points to the growing increase in the spending of public money for tuberculosis as one of the most significant facts in the report, as it indicates the shifting of the burden of institutional care of consumptives from the private purse to the general public purse, where it rightly belongs. Since 1900 the

percentage of public money spent in tuberculosis work has increased from 53.5 to nearly 70 per cent.

New York State spent more money in tuberculosis work than any two other States, due largely to the increased and growing activities of city and county governments in building adequate hospitals for consumptives.

Wrong Methods of Treating Sex Hygiene.

The 39th annual convention of the Association of Directors of the Poor and Charities of Pennsylvania, was held in Philadelphia, October 14th.

The feature of the afternoon session was an address by Dr. Martin W. Barr, superintendent of the School for Feeble-Minded, at Elwyn, Pa., in which he strongly denounced the teaching of sex hygiene and kindred topics in the pubilc schools and recommended the asexualization of the feeble-minded and vicious to prevent reproduction. Dr. Barr said in part:

"The experience of ages show that the progress of a nation is coequal with the maintenance of race ideals; that the survival of the fittest can never be attained if no restriction is placed upon the propagation of the unfit. Pennsylvania was really the leader in this movement, when the will of the people thrice declared in favor of asexualization. Her present eugenic marriage law may in time remedy somewhat the short-sightedness of Governors and politicians, but in a measure only. For it must be remembered that a large proportion of her 17,000 mental defectives, 3,000 of whom are of child-bearing age, are born out of wedlock, and the only possible prevention is to render them incapable of procreation. This is the solution of the problem."

In referring to the teaching of sexual matters in the public schools. Dr. Barr was even more emphatic, and brought the hearty applause of the convention when he explained his sentiments regarding it. He said:

"Mencken is right when he calls sexual hygiene as it is now taught 'virtuous naughtiness.' Many mothers are denouncing it as such in the public press. A revulsion from the period of excessive reticence regarding the production of human life, amounting to positive vulgarity and undoubtedly the source of much evil in its day, is the present craze to educate the youth of our schools in the mysteries of sex and production. And many are lecturing on what a young girl or a young boy or an expectant bride or an expectant mother should know and numberless books are written on the subject. Now, these are just what many should not know nor be encouraged to discuss.

"Far rather let this knowledge be gained in a pure, legitimate, commonsense way from the parent or guardian, who best understands, from a knowledge of the indivual child, what is best to impart and also what is best to withhold and not in mixed classes in schools where the teacher may never know the construction which even one impure mind can disseminate."

Dr. Barr's paper was heartily indorsed by James M. Norris, superintendent of the Allegheny County Industrial School of Pittsburgh, who said that it were far better not to teach sex matters at all than to teach them wrongly, and that few teachers are properly equipped to undertake the work. E. P. Gould, director of public charities of Erie, also spoke.

5,000 Doctors to Meet in Atlantic City.

It is expected that more than 5,000 physicians from all over the United States, Canada and some from Europe will attend the sixty-fifth annual session of the American Medical Association and its allied bodies, which will begin in Atlantic City June 22 and continue for five days. There are fifteen sub-committees working under direction of the general arrangements committee, which is headed by Dr. William Edgar Darnall.

There will be but one joint session of the delegates, that on the opening day, when Governor Fielder and Dr. Enoch Hollingshead will welcome the doctors to the city and State at a mass meeting in the Apollo Theatre. On the four remaining days the delegates will attend the meetings of their particular branches. There will be fifteen separate meetings each day. A program of entertainment for the visiting doctors is being prepared. It includes a series of sectional smokers, banquets for the visitors and the women folk who accompany them, a reception on the Steel Pier, a concert and a number of afternoon affairs for the visiting women. There will be a special scientific and commercial exhibit in the exposition building on the boardwalk.

In addition to the parent organization the following auxiliary bodies will meet: American Academy of Medicine, American Climatological Association, American Gastroenterological Association, American Laryngological Association, American Laryngological, Rhinological and Otological Association, American Association of Physicians, American Otological Association, American Proctological Association, American Medical Editors' Association, American Confederation of State Examining Boards, American Association of Railway Surgeons.

Public Meetings on Cancer.

The American Society for the Control of Cancer has arranged for two public meetings in connection with the congress of the American Surgical Association in New York next month. The opening meeting was held at the Academy of Medicine on Friday evening, April 10, when Dr. William J. Mayo of Rochester, Minn., and Mr. Frederick L. Hoffman of the Prudential Insurance Company, discussed the problem of cancer and its control; Prof. Francis Carter Wood, Director of the Crocker Special Research Fund of Columbia University, spoke on the effect of radium on malignant growths, and Dr. J. Collins Warren, chairman of the Cancer Commission of Harvard University, told of the work being carried on at Harvard. The second meeting was held on Saturday morning, April 11, at eleven o'clock at the Hudson Theatre, and the speaker was Mr. Frederick L. Hoffman, whose subject was "The Menace and Control of Cancer."

American Proctologic Society.

The sixteenth annual meeting of this Society will be held in the Hotel Chalfonte, Atlantic City, June 22 and 23, 1914. A preliminary program has been issued containing 23 papers and the subjects indicate a meeting of more than

ordinary interest. The annual address of the president, Dr. Joseph M. Mathews, of Louisville, Kentucky, will be on "The Future of Procto-Enterology." Dr. Alfred J. Zobel, of San Francisco, Cal., is secretary-treasurer. Prominent speakers will be present from all parts of the country.

The Washington Antivivisection Congress.

The Third Congress was held in Washington, D. C., last month. The congress has represented two interests—antivivisection and animal protection. So far as it was an animal protection congress, all could heartily support it, even the "vivisectors" themselves, for no men have done more to protect animals from pain and disease than they. But so far as it was an antivivisection congress it was hostile to the very means which have proved most potent for alleviating the suffering of man and the lower animals as well. Under these circumstances it is impossible to judge the value of the lists of bishops, generals, senators, clergymen, governors, members of Congress and other public men widely advertised as vice-presidents of the congress, because it is impossible to know on which aspect of this two-faced organization they were looking when they permitted the use of their names.

Most prominent among the foreign members was the founder of these congresses, the widely heralded Miss Lind-af-Hageby, whose false statements a decade ago cost Coleridge $25,000 in his suit with Bayliss, and whose attempt this year to refute the charges that she was "a deliberate and systematic liar, and that her antivivisection propaganda had been carried on by a systematic campaign of falsehood," resulted in a prompt verdict against her. Her present contention is that more is to be expected for human life and welfare from hygiene and sanitation than from drugs and surgery. That practically all the modern practice of hygiene and sanitation is firmly based on the results and methods of "vivisection" is a fact which she seems to have overlooked.

The Rockefeller Institute, which in the short period of its existence has given the medical profession an effective means of combating cerebrospinal meningitis, a new method for diagnosis of syphilis and devices for artificial respiration in anesthesia and shock, not to mention other important discoveries, was the chief target for vilification. It was designated by various speakers as a "chamber of horrors," as a "working model of hell," and as the crown of a "toppling mass" of wealth, "tainted by lying, stealing, arson and murder."

The most sensational claim made at the meeting was that not uncommonly physicians inoculate unsuspecting persons often children and other dependents, with the germs of disease, solely for experimental purposes. This statement has been published with big headlines in newspapers in all parts of the country. The evidence for it consisted in citing once more instances which have repeatedly appeared in antivivisection literature, and have repeatedly been shown to be false or without professional support. The "poisoning" of insane patients with thyroid extract was again mentioned, although the crafty deception in this charge has been made clear at least twice in the past twelve years. The spraying of the nose and throat of patients with "poisons of diphtheria, small-pox, scarlet fever or consumption" was again instanced, although it has been disclosed that the person who confessed to having done this had also confessed that he had no standing in the medical profession, and, indeed, was quite in agreement with many antivivisectionists in disbelieving that bacteria cause disease. The use of luetin was again described as the "inoculation of the germs of vile incurable disease," although it has been carefully shown that luetin was first proved wholly innocuous by injections into animals and into the discoverer himself, as well as into other physicians who volunteered for the test, and not until then was used for diagnostic purposes.

The public should definitely understand, says The Journal of the American Medical Association, that the medical profession wholly repudiates and regards with abhorrence the employment of any procedure whatever which is in any way likely to injure rather than to benefit a patient who has intrusted himself, or who has been intrusted, to a physician's care. Such action would be absolutely at variance with the prime object of medical service—the welfare and the restoration of the sick.

Fortunately, the lay press is beginning to understand the unreliability of antivivisectionist assertions. Various papers have commented on the "virulence and nonsensical folly" of the misstatements, and misrepresentations of antivivisectionists, have recognized them "as peculiarly impervious to the facts," have asserted that they "wilfully hide the serious purpose underneath the experiments on animals," or have flatly declared that they are "promulgating the most outrageous falsehoods about men whose lives are devoted as unselfishly and as efficiently to the service of humanity as any that could be mentioned." Even one of the speakers at the congress was moved to urge his hearers to "stick to the facts" and to "cease making wild statements which they could not prove." Let us hope that some day they may do so.

Surgeons Elect Officers.

At the annual meeting of the American Surgical Association in New York City, April 8-11, Rochester, Minn., was selected as the next place of meeting, and the following officers were elected: President, Dr. George E. Armstrong, Montreal; vice-presidents, Drs. Lewis S. Pilcher, Brooklyn, and Frank E. Bunts, Cleveland; secretary, Dr. Robert G. Le Conte, Philadelphia; treasurer, Dr. Charles L. Gibson, New York City; recorder, Dr. Archibald Maclaren, St. Paul; councilors, Drs. William J. Mayo, Rochester, Minn.; Arpad G. Gerster, New York, and Charles A. Powers, Denver.

Congress International D'Electrologie et de Radiologie Medicales.

This seventh congress, the first session of which was held in Paris in 1900, will meet this year at Lyon, France, on July 27 to 31, under the presidency of M. Renault, professor of the Faculty of Medicine of Lyon, and associate member of the Academy of Medicine. Dr. William J. Morton of 19 East 28th street, New

York, is the American member of the general committee in charge of the congress, and from him further details may be obtained.

French Medical Congress.

The XIV Congres francais de Medecine, organized by the Association des Medecins de langue francais, will be held in Brussels from September 30 to October 3, 1914, inclusive. The following questions will be discussed: (1) Syphilis of the cardio-vascular system. (2) The lipoids. (3) The therapeutic value of artificial pneumothorax. (4) Vaccine therapy in general, and of cancer and typhoid fever in particular. The address of the secretary-general is 22. rue Joseph II, Brussels.

Miscellaneous Items.

Reducing Weight.

The famous George Cheyne, who was a man of enormous bulk, reduced himself by dieting from 32 stones (448 pounds) to proper dimensions. One of his aphorisms says: "Every wise man after fifty ought to begin and lessen at least the quantity of his Ailment, and if he would continue free from great and dangerous Distempers and preserve his Senses and Faculties clear to the last, he ought every seven years to go on abating gradually and sensibly, and at last descend out of life as he ascended into it, even into a child's Diet." Put in other words, it reads—We eat too much after 40 years of age.—Sir William Osler.

New Jersey to Supply 90 Nurses for War.

In connection with preparations now under way under direction of American Red Cross officials here, to prepare for a war call for Red Cross nurses, reports received recently from Miss Helen Stephen of 8 Baldwin street, East Orange, chairman of the New Jersey State committee, indicate that New Jersey enrolled nurses are ready for service.

According to the files of the Red Cross offices in the War Department, there are approximately ninety enrolled nurses in New Jersey who are "on call" for war duty. In the entire country the total is 4,500. While it is impossible, because of the wide range of territory covered by the average nurse, for the offices here to keep track of the nurses' whereabouts, their home addresses indicate the following distribution: Newark, 29; East Orange, 6; Orange, 6; Montclair, 1; Paterson, 25; Jersey City, 8; Bloomfield, 3; Englewood, 9; Staten Island, 3.

Nurse Fined; Goes to Jail.

Mrs. Esther Coyle, a nurse of 18 Mulberry street, was fined $50 by Judge Klenert in Court of Quarter Sessions recently and given a suspended sentence of one year to seven years in state prison for mal practice. She has been in jail for two months, not being able to pay her fine, she was remanded to jail to begin working it out.

An impassioned plea for the woman was made by her counsel, former Judge John F. Kerr, who said that this was the first time she had ever been convicted, and that she was very poor and that she had been a nurse for twenty-seven years. The court said in reply that the woman had been in court before, even though this was the first conviction. He said she should not have made charges for medical attendance when she was not a physician. The complaining witness against the woman was Annie Murdock and the complaint was filed through the Passaic County Medical Association. Assistant Prosecutor Munson Force prosecuted the case.—Paterson Press, March 6th.

Radium Ore Bill.

The Senate Committee on Mines and Mining has agreed to report the bill conserving the supply of radium-bearing ores. This bill provides that deposits of carnotite, pitchblende, and all other ores may be explored, occupied, or purchased under the mining laws only on condition that the radium-bearing ores shall be sold exclusively to the United States. The sum of $450,000 is appropriated for building a plant and operating it for the next fiscal year.

Reward for Triplets.

The Board of Supervisors of Orange County, Cal., has made a standing offer of a reward of $100 for each set of triplets born in the county.

Eugenics Law Does Not Decrease Marriages.

The new eugenics marriage law had no deterring influence on the number of marriages in this city, as there were 16,122 licenses issued in Philadelphia during 1913, as compared with 15,365 in 1912.

General Gorgas Honored.

Oxford University, at a special convocation on March 24, conferred the degree of Doctor of Science honoris causa on Surgeon-General Gorgas of the United States Army; who recently returned from South Africa.

France Honors Dr. Simon Flexner.

In recognition of his services to science and his assistance in supplying France anti-meningitis serum during the epidemic of cerebro-spinal meningitis in 1909, President Poincare has conferred upon Dr. Simon Flexner, director of the laboratories of the Rockefeller Institute for Medical Research, the cross of chevalier of the Legion of Honor.

Notice that the honor had been conferred upon him was received April 28th by Dr. Flexner from the French Ambassador at Washington.

A Suggestion for the Doctor's Waiting Room.—The literature, which the busy physician provides for his waiting patients, reflects at once the physician's own taste and the character of his clientele. A few high-class and recent magazines are far better than a host of cheap periodicals. The average layman is not slow to judge a physician by the character of reading matter which he provides for the patients. A further hint along this line may be of some service. The covers of magazines, after a day or two or use, are usually torn at the edges, badly crushed and soiled. When the magazine is new, if the cover and the adjoining three or four advertising pages are pasted togther, the result will be a firm and durable cover.—Medical Record.

THE JOURNAL
OF THE
Medical Society of New Jersey

MAY, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
David C. English, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.
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William J. Chandler, M. D., South Orange, N. J.

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REMEMBER THESE MEETINGS

AMERICAN MEDICAL ASSOCIATION AT ATLANTIC CITY, N. J., JUNE 22-26, 1914.

MEDICAL SOCIETY OF NEW JERSEY AT THE NEW MONMOUTH HOTEL, SPRING LAKE, N. J., JUNE 29 AND 30, AND JULY 1, 1914.

VERY IMPORTANT!!

Remember date and place of the Annual Meeting of the Medical Society of New Jersey —New Monmouth Hotel, Spring Lake, June 29 and 30 and July 1st, 1914. Make your plans to attend with your wife and daughters and engage rooms a week or ten days in advance.

Secretaries and Treasurers of County Societies should have their reports in the hands of the Secretary and Treasurer of the State Society not later than May 29th. Every new member of a County Society, in order to receive the Journal and have his name entered on our Official List, must have his dues for 1914 paid and in the hands of the Treasurer of the State Society by May 29; therefore, Treasurers of County Societies must collect and forward IMMEDIATELY those dues. There have been several just complaints of failure to receive the Journal that are owing to delay in forwarding dues. Get every eligible non-member in the County into your Society you can and send in his dues—Three Dollars—that his name may be printed in the List for the year.

Reporters of County Societies should have their annual reports in the hands of the Chairman of the Committee on Scientific Work—Dr. A. A. Strasser, 115 Beach street, Arlington, N. J.—by May 29th. By so doing they will have all the rights and privileges of delegates at the annual meeting of the Society.

Scientific papers and reports for the annual meeting should be typewritten; where that is not possible they should be very legibly handwritten, names and technical terms especially should be very carefully and correctly written. Every paper presented becomes the property of the Society and must not be published elsewhere than in our Journal, without the written consent of the Chairman of the Publication Committee.

Members of our County Societies who compete for the prize of one hundred dollars offered by the Society must have their essays in the hands of Dr. D. C. English, Chairman of the Committee, on or before May 15. Only one essay has been received up to May 3rd.

The extraordinary demands made on the editor's time and thought, that put his strength to severe test, during the past month have prevented him from giving the promised editorials on the past winter's Legislation and the Economic Welfare of the Profession in this month's issue. We never take time to prepare editorials merely to fill a given amount of space and these subjects require considerable thought and careful preparation.

LEGISLATION OF 1914.

While not prepared to fully discuss last winter's legislation relating to medical matters, we will observe now that the Medical Practice Bill failed to pass, *to the great detriment, not of the profession, but of the public's welfare;* the bill to reorganize the Public Health methods of administration also failed, as it probably ought to have failed in its original form—improperly placing the authority and responsibility of its officers; the Optometrists' Bill passed and was signed by the Governor, we believe to the great detriment of a very large number of those suffering from eye diseases; the bill allowing the Rockefeller Institute to establish a branch laboratory in this State passed—we believe unanimously both houses—but was vetoed by the Governor because of a technical error which might have permitted an infinitesimal amount of harm, while vetoing the bill has prevented an incalculable amount of good.

Again we give credit to Drs. Barber and

Ramsay, of the Senate, for zelously seeking to guard the lives and health of our citizens, while we express our amazement that legislators generally consider so lightly what is *right and proper;* ignore the only competent and authoritative judgment on matters affecting the health and lives of the people and act as their bosses command or partisan politics and their own individual chances for re-election or political advancement seem, to them, to require.

NEWSPAPER INACCURACY.

Last month we referred to the attitude of the lay press toward our profession, especially in connection with nostrum advertising and misrepresentation of the profession's motives in seeking legislation. We refer to these things not because we believe they are seriously injuring the medical profession—that is questionable—but because it is far more seriously affecting the standing and influence of the daily newspaper and the monthly magazine, which should be two of the most effective agencies for educating the public on health and all other subjects that relate to humanity's well-being and uplift.

We refer to one other evil that tends to weaken the newspaper's power and influence in helpful education—the inaccuracy and exaggeration which often characterizes the reporting of news items; especially we note the reporting of medical and surgical cases. We have time only to refer to one case, which appeared last month in several newspapers with the heading: "Baby born on minister's leg; strange case baffles famous physicians at Johns Hopkins." It then cited the case of a minister of Millersburg, Pa., "which has few parallels in medical history," as follows:

"Mr. White, who is about 33 years old, was always active physically, having captained the football team at Gettysburg College, and until two years ago he was in excellent health. The development of what seemed to be a tumor then affected his groin and leg, and led to an appointment with Doctor Bloodgood, diagnostician from Johns Hopkins, in Harrisburg.

"Doctor Bloodgood, after an exterior examination, announced the case would prove to be one of the oddest freaks of nature, and that an operation would reveal the partly-grown body of a child imbedded in Mt. White's flesh.

"The minister's blood had become impoverished and the growth that had developed threatened his life. He was hurried to Johns Hopkins and prompt resort to surgery disclosed a growth more than twelve inches long. No relief appeared possible, as it was impossible to remove the undeveloped child because of its inextricable association with important organs.

"Three weeks ago, as a last resort, Dr. Howard Kelly suggested the possibility of breaking up the life-sapping sarcoma with radium. One hundred and fifty thousand dollars worth of radium is periodically placed over the minister's groin with five-inch blocks of lead interposed, and slight burns administered. The treatment is apparently succeeding and some hope of saving Mr. White's life is held out."

(Another newspaper said the tumor was in his thigh.)

The gross inaccuracies of this report were recognized, but we, knowing Prof. Bloodgood well enough to dare to trespass on his time, wrote to him to know just what there was in the case so exaggerated, enclosing the clipping, and this is his reply:

"Dear Doctor English:—

"The story about which you inquire is absolutely false. Rev. C. G. White had a tumor in the left iliac fossa and not in the thigh. I never diagnosed the case as stated in the newspapers. Of course, the tumor did not contain a child, which never happens, nor was it a teratoma. This latter tumor contains many tissues and might be remotely interpreted as an attempt at the formation of another individual, but in Mr. White's tumor there was no such finding.

"The item of news, therefore, is false; its publication a newspaper mistake. Deny the story whenever you are given an opportunity.

"Very truly yours,
"Joseph C. Bloodgood."

It would be well if newspapers before inserting such "wonderful" cases, would consult some physician.

READ THE ADVERTISEMENTS AND PATRONIZE OUR ADVERTISERS.

We take the following excellent advice and urgent appeals from the editorial columns of the Journal of the Arkansas Medical Society, April issue. They apply to the New Jersey Journal and its readers with equal force. Please carefully consider and act as your judgment determines that the best interests of our society and its Journal requires.

"YOUR PERSONAL SUPPORT IS REQUESTED.

Do you realize, Doctor, that The Journal of the Arkansas Medical Society is your Journal, and are you aware that it has grown in popularity outside our own members? With your help we can make it bigger, better and more valuable to yourself and fellow-members. No, we do not want any money, but we are going to ask you from now on to patronize the advertisers whose announcements appear in the columns of The Journal. We make it our duty to see that only first-class firms are represented. When you order, let them

know that you were influenced by their ad in The Journal. This will retain their patronage and attract others and you will notice the results.

Our readers can be of invaluable assistance. The Journal is the organ and property of the Arkansas Medical Society. It is to the interest of every member to see it prosper. Advertisers want to see results or they will stop advertising. If they get results from The Journal without knowing it, so far as we are concerned, it is just the same as if they got no results. Let us make this clear.

Dr. Blank orders a certain article from a Journal advertiser. If he fails to state where he saw the "ad," the maker has no means of telling that the Journal got him a new customer. He just takes the order in the ordinary course of business and makes no inquiry as to the source.

But, if, in ordering, the buyer adds at the bottom, "I saw your 'ad' in the Arkansas Medical Journal"—surely an easy but important thing to do—the seller knows beyond a doubt that his advertisement in the Journal is getting results. He will not only renew his contract when it expires, but is likely to recommend the Journal to others as a good medium.

Will you not help the Journal in this way and so enable the editor to keep on making it larger, better and more valuable?"

The editor enjoyed exceedingly the privilege of attending the quarterly meeting of the Burlington County Medical Society last month at Browns-Mills-in-the-Pines. It is a live society; its meetings are well attended, there is always a good program, and a delightful spirit of good fellowship prevails. Dr. Judson Daland, as he always does, gave a very interesting and instructive address. His subject was "Pseudo-Rheumatism; its Diagnosis and Treatment." It was ably discussed by several of the members present, who cited interesting cases. The social hour at dinner added to the success of the meeting, and as is usually the case, helped to promote harmony and thus advance the scientific interests and the economic welfare of the profession. We enjoyed also a call at Dr. M. W. Newcombe Tuborculosis Sanatorium and was pleased to find such a well located, finely equipped and successfully managed institution. We are not surprised at its success as both the doctor and his good wife were formerly sufferers from the disease, know what the tuberculous patients need and intelligently and sympathetically seek to meet that need. The only criticism we had to offer was that the sanatorium ought to be greatly enlarged so as to accommodate far more patients. An auto ride homeward as far as Bordentown with the society's president, Dr. C. D. Mendenhall, was greatly enjoyed.

We had intended to insert in this issue of our Journal Dr. G. H. Sexsmith's excellent paper on "Bone and Joint Surgery," read before the Hudson County Society in April, but it was impossible to get the illustrating cuts made in time. It will appear next month.

We received, just as the Journal was about ready for the press, a little book of 82 pages, of which our honored ex-president, Dr. John G. Ryerson, is the author, entitled "A Mind Remedy," in which he very highly extols lactose in the treatment of many diseases. The book is well written and cites many cases, of several diseases, in which, in his own practice, extraordinary cures were effected, some of which we imagine will be thought to be incredible, but it must be remembered that the doctor is treating of "a mind remedy." He says on one of the opening pages:

"Very many, after reading thus far, will read no further; it is too great a tax on the credulity of the reader; but those that read to the end are sure to be rewarded, and must admit that all is true or that as a fabrication, for boldness and originality it is without a parallel in the annals of fiction."

And again at the end of the book, he says: "As regards the reception of this paper, I am neither wholly optimistic or pessimistic. Its principal fault may be that it proves too much. It probably will have to pass through the valley of credulity but a favorable reception must come."

We shall be glad to give the book careful consideration as doubtless others who receive it will do. It is published for private distribution—not for sale.

Correspondence.

Medico-Legal Bureau.

Chicago, Ill., Apr. 21, 1914.

Dr. D. C. English, Editor, etc.

Dear Sir:—The Council on Health and Public Instruction of the American Medical Association has established a medico-legal bureau for the pupose of collecting, arranging and studying all of the available material bearing on medico-legal questions of interest to physicians, or relating to public health matters. This bureau is in charge of Mr. John D. Hubbard, a graduate of the Northwestern University School of Law. We desire to secure all avail-

able material bearing on medico-legal subjects, especially all pamphlets, bulletins, monographs, circulars, legislative bills, laws, reports or special articles on any medico-legal or public health topics. As rapidly as material can be secured and studied, we hope to furnish information to all those interested on any topic coming within the range of the bureau. We shall greatly appreciate it if you will kindly send us, at any time, any such material that may come into your hands. This will be properly classified, cataloged and preserved for use in answering inquiries on any medico-legal question. We hope to make this bureau of service to the officers and members of State associations, executive officers of State boards of health and medical examining boards and any others interested. Any assistance or contributions will be appreciated and of great assistance in carrying out the plans of the bureau.

With cordial thanks for your many courtesies in the past, and hoping that we may, through this bureau, be of some assistance to you in the future, we remain,

Very truly yours,
Frederick R. Green,
Secretary.

"The Trail of the Serpent."

Dr. Gordon K. Dickinson, Jersey City, has a paper in the Medical Record, March 28th, on "The Trail of the Serpent." We give its closing words:

Medicine is a science and is becoming more scientific. The healing art we practice is a personal matter and will always be subject to the personal equation. Through inheritance and evolution man is and will be an animal appealed to through his senses, who loves to be humbugged, who has some kind of religion, and who will ever and anon be speculative.

The religion of the true physician is the purest, truest and most untheological of all the Christianities. The physician himself lives and acts more on the lines of the Divinity than any one of another class. He is by the education of his life and by nature of his profession best able to understand man and the humanities. Why should he then be taught in our colleges to treat the disease? Why should he not be taught that the great physician, Hippocrates and Sydenham, treated the patient that the patient might thereby cure himself, for disease is Nature's fight, and to disturb Nature is to protect rather than lessen.

Man to-day is essentially what he was in the early ages. He who recognizes this and in the recognition practices the art of healing not through Galenic therapy alone, but through an appeal properly guided to the religious man and an expression of philosophy will lighten man's intelligence and through a proper, careful dignity lead the patient to believe in a physician's second sight.

Can we not appreciate the stubborn facts that medicine through all these ages has been demonstrating the frailties of the human mind, that all the qualities imputed to the serpent have traveled down through the history of medicine and to the present day and that we are still biased by personal speculations, by unfortunate deification of therapeutic agents, and by undue willingness to employ the mystical?

From all this there is but one way out. All our medical colleges should have lectures by competent professors in mental philosophy, whose teachings shall be the physician's attitude toward man and the profession, also lectures by some divine with big brains, not a theologian but one who comprehends man's deeper nature and can explain it. Instead of the Galenicals let us teach the physician, the nurse, and the public the great value of body efficiency and how best to obtain it, and when this has been accomplished it can be said that the healing art has come into its own.

A Litany for Doctors.

From too few patients and from too many patients; from hypodermic syringes that won't work; from book agents; from consultants who steal our cases; from rheumatism; from collecting agencies; from stupid nurses; from people who are going to pay for visit next Saturday night; from Antikamnia calendars; from tire troubles and Christian Scientists—good Lord deliver us.

From the people who begin their letters to us, "Dear Sir;" from static machines in damp weather; from boils on the back of the neck; from debts and detail men; from Papay-ans Bell blotters; from anti-vivisectionists; from nurses who know more than we do; from "cures" for tuberculosis; from "text-book" papers; from incurable cases of imaginary disease; from Bernard McFaddists; from tag days; new methods for administering salvarsan; from "automobile" fractures; from infant foods; from anti-vaccinationists; from nature curers; from Immanuel Movers and the treponema pallida—good Lord deliver us.

From the people who call us "Doc;" from malpractice suits and dead beats; from gossips; from over-grateful female patients; from pretty nurses and jealous wives; from the doctor who succeeds us in a case; from the "wrong number" mistake; from consultations by telephone; from the counter-prescribing druggist; from lawyers and dentists; from samples of Sal Hepatica; from the man who wants us to help his lady friend out of trouble; from calls at 2 a. m.; from shoulder presentations; from optometrists and engine trouble; from the man who "can not add anything to the paper, but merely wants to compliment the essayist; from meta-amidophenylparamethoxychinolin; from New Thoughters and mining stocks; from breaking catgut; from neurasthenics; from "the sponge we left behind us;" and from the dangers of tricresol 0.4 per cent.—good Lord deliver us. Amen.— R. R. in Lancet-Clinic.

Half Million to Fight Animal Diseases.

An emergency appropriation of $500,000 to fight hog cholera and $100,000 for dourine, a horse disease, during the coming summer, was pressed upon Congress last month in a favorable report by Chairman Lever, of the House committee on agriculture. The committee calculated the losses from those diseases annually in this country at $70,000,000.

The Senate has passed a bill to appropriate $500,000 for hog cholera.

Literary Gems!

The following letter was addressed to "Dr. Bennett Esq. sec. of Board of medical examiner Asbarry Park, N. J.," by a Justice of the Peace in one of the largest cities of our State, which printed letter heading showed him to be a "Justice of the Peace, Real Estate Broker," Notary Public—Commissioner of Deeds—All Kinds of Foreign Translations Made."

Dr: Bennett Secretary of the Board of the medical Examiner Asbarry Park, New Jersey

Dear Sir

——— native of Russia Poland did preducing her legal papers to me is written in Russian language, but unfurtanetly she has no depluma of this Country, therefore I write this letter on her behalf and ask you kindly inform me when and time in year your Board of medical will have Examination for medivefery in Trenton N. J. also kindly inform me where I may get the Application Blank, for that respect, and with whom to filed, also, the documents which she posses they are written in Russian, must they be translated in to English, if so kindly advice me.

I thank you in advance for your kindly favor

Beg to remain respectfuly yours

A Western physician received the following from a "brother physician":

"Dear Doc I have a pashunt whose physical sines showes that the windpipe has ulcerated off and his lungs have dropped into his stumick I have given hym everry think without effeckt his father is welhty honable and inflooenshial as he is a member of assembly and god nose I dont want to loss hym what shall I do ans by return male. Yours frat, Doc Tishbein."

These two literary gems are respectfully referred to those legislators and newspaper editors who think we have no need of a law defining Medical Practice that will adequately safeguard human life, or of any laws that will secure an intelligent administration of justice—an administration that is honest, righteous, merciful—especially when dealing with the poor and ignorant.—Editor.

Progress on Panama Exposition Buildings.

According to a bulletin issued by President Moore of the Panama Pacific International Exposition at San Francisco, the exhibition buildings will be entirely complete and ready for installing the exhibits by July 1, 1914. The machinery palace, it is said, is practically completed now. Everything will be in readiness at the time of the opening of the exposition, Feb. 20, 1915. Two hundred and twelve national and international congresses have already decided to meet in San Francisco in 1915.

A Clear View Through a Wet Wind Shield.

Harold Snipe describes in the British Medical Journal, September 20, 1913, a method of obtaining a clear view through the wind shield of an automobile even in the wettest weather. Shield:

℞ Sodium chloride, 1 dram.
Water, 1 ounce.
Glycerine 2 ounces.

A little of this is placed on gauze and wiped over the glass in a very thin layer, but always in a downward direction. This is a boon on a wet night on a dark road.

Editorials from Medical Journals

The Anti-Vivisectionists Scored.

From American Medicine, March, 1914.

The criminal conduct of anti-vivisectionists is illustrated by the circular published in Philadelphia to the effect that Dr. Crile's experiments on animals were made "in an endeavor to learn the extent of the agony that can be inflicted on a living animal." To make such a charge against one of the gentlest, sweetest and noblest of men, who has done so much to relieve human agony, is so atrocious as to call for the confinement of the human brutes who made it. When it is remembered that Crile's work was done to show that injuries of unconscious animals are the cause of shock, the charge appears still more criminal. The time has now come to take steps against people who are working against humanity. Some of them are know to be insane, but it is of such kind and degree that deprivation of liberty is impracticable unless they commit some physical crime. But why do we organize to confine them for such vicious charges? Are the laws of libel unable to protect us or do lawyers and courts put such absurd interpretations on what constitutes libel, that convictions are impossible? In either case we must call on our legal friends and legislators in the name of humanity to do something to end the present conditions so that we can prevent the flood of vicious and inhuman anti-vaccination literature. It should be made dangerous to publish what one knows is false or to make false charges even if one thinks them true, as some of the crazy antis doubtless think.

The Modern Dances.

From Critic and Guide.

The modern dances are vulgar, ugly, and, in my opinion, disgusting. I would not repress them by force, because we have no right to interfere with "individual liberty," even if the exercise of the individual liberty leads the person directly to the devil. But if we could drive out those dances by moral suasion, by argument, it would be an excellent thing for the present and the future generation. That those dances are ugly and unesthetic may be a matter of individual taste. To me they may seem ugly, to you they may seem beautiful. But there can hardly be a difference of opinion as to their injurious effect on people's health. A dance that takes its inspiration from and tries to mimic sexual intercourse is an injurious performance and will undoubtedly cause, in a large number of cases, sexual irritation and hyperesthesia, prostatic and ovarian congestion, and will inevitably lead to sexual excesses.

Leaving out of consideration the moral and esthetic sides of the question, is it wise, from the point of view of hygiene, to indulge in such performances?

And when a thing is both nasty and unhealthy, when it offends both good taste and the laws of hygiene, should we still say nothing and do nothing to bring about its abolition?

Do we not sometimes make a veritable fetish of individual liberty?

Gratuitous Medical Service.

From American Medicine, Feb., 1914.

The laborer is worthy of his hire, and if a physician thinks his own services are not worth anything he ought not to accept a fee. The time is fast approaching when gratuitous service will be valued as worthless. A lawyer is never required by a court to work for nothing, and many a lawyer is amazed when he learns that physicians are expected to work for hospitals and dispensaries without pay. It is generally asserted that these volunteers get a great deal out of their positions in the way of experience and are highly paid in that they are being educated so that they can practice outside for fees. If this is so, then let the fact be published to the world and a list drawn up of all physicians and surgeons serving hospitals and dispensaries without pay, so that it will be known that they are not as competent as private practitioners but are really under instruction to enter private practice. We put the matter in this bizarre fashion to direct renewed attention to the harm done by gratuitous service. A doctor, like every other worker, should be paid by the city for every minute he spends on the city's poor. Our charity organization folks are all under salary, and yet calmly ask the doctors to work for nothing. In every other civic matter, the trend of thought is in the direction of paying enough to secure efficient service, even though it be counted in tens of thousands of dollars for exceptional men. If all physicians would take more interest in civic matters they would not now be in such a disgraceful situation —serving for nothing while an engineer is given $20,000 a year.

Newspaper Advertising Nostrums.

From The Indiana State Medical Journal.

One of our subscribers has sent us a copy of the LaPorte Daily Herald containing an unusual amount of patent medicine and quack doctor advertising, and asked us to comment on it. Anything we might say would have little effect in bringing about a different condition of affairs in LaPorte, for the daily papers in that city are no worse than the daily papers in every city in Indiana—and for that matter in most of the cities of the United States. We had occasion to talk to one editor of a daily paper in Indiana having a large circulation, on this subject of patent medicine and quack doctor advertising, and he frankly stated, "It's rotten! All of those people should be put out of business, but I am running a newspaper for the money that is in it, and as long as the general public stands for this sort of thing I am willing to take the profit." That editor was one of the first to fly to the aid of the patentmedicine manufacturers and quack doctors when the Indiana Legislature was considering a bill requiring medical advertising to state the truth. That editor represents the attitude of the majority of editors who know that they are perpetuating frauds and are aiding in the swindling of the ignorant and the poor, yet his conscience does not prick him when he takes money for aiding the fraud. If some of the large legitimate advertisers would say to editors, "Clean up your advertising pages or you don't get our business," then the editor would sit up and take notice; but just as long as the average newspaper editor can rake in the sheckels without losing either reputation or business, he will continue to carry objectionable advertising.

Advertising by Physicians.

From The A. M. A. Jour., March 14.

Following the midwinter Conference on Public Health, Legislation and Medical Education of the American Medical Association, held in Chicago, February 23 and 24, numerous news-items and editorial comments appeared in the public press regarding one of the papers presented at the conference. The substance of the newspaper items was that the American Medical Association was considering the revision of its principles of ethics with a view to removing or modifying the restrictions placed on individual physicians as to personal advertising. Some of the reports stated that revision of the principles of ethics would be taken up at once, and that an overwhelming majority of members of the Association were in favor of such a change. So far as we know there is no intention or indication of any change in the position of the American Medical Association on this question; the reports in the newspapers were due to a misapprehension of the character of the paper in question and the intent of the writer.

The paper was an argument for a better understanding and closer co-operation between the medical profession as an organization and the newspaper publishers as a class. The author did not advocate or discuss the question of personal advertising on the part of physicians; the proposition set forth and defended in the paper and presented to the conference was something entirely different from personal exploitation; it was a plea for closer co-operation between medical organizations and the press for the public good, and not for personal benefit. It suggested that the expert knowledge of the medical profession could be utilized by the public press in two ways: first, by the dissemination through the newspapers of scientific knowledge which would be of value to the public in preventing disease, and second, in placing at the disposal of those newspapers which desired it the expert knowledge of the medical profession in separating worthy and reputable from dishonest and disreputable institutions which might seek publicity through the newspapers.

Of these two important activities one has already been inaugurated by the American Medical Association, and the other is worthy of serious consideration. Neither of them, however, has the slightest bearing on the question of personal exploitation of physicians through newspaper advertising or by any other means. An honorable physician could not conscientiously advertise for personal business, for the same reason that the honorable minister and lawyer would not advertise. A professional man has no commodity to sell; his only assets are his scientific knowledge and his personal ability; and he who claims to possess greater knowledge or greater skill than his professional associates—whether physicians, preachers or lawyers—is an egotist, or worse, and forfeits the respect of both his professional brethren and his fellow citizens.

Educating the Public.

From the Providence Medical Journal.

The medical profession is doing a great deal of good, but at the same time wasting a good deal of energy in an attempt to educate the public in matters pertaining to health and hygiene. We have committees from almost every medical organization whose duties are to instruct the public regarding their bodily health and welfare, to teach teachers how to instruct their pupils and to afford professional advice to the various organizations for the suppression of this and that disease, but we are lacking in an appreciation of what may be done to gain a similar end through the medium of the public press. Many a one who attends a meeting illustrating the ravages of tuberculosis would be much less impressed by an exhibition of pathological specimens and lantern slides than they would be by a small news item in their daily paper which recorded the recovery of someone suffering from a serious disease by the exhibition of some drug or the application of some phase of Christian Science. The campaign which is being waged against objectional advertising in the daily press has reached the stage where it may be termed a revolution, having passed the epoch of rebellion, and every month finds addition to the list of daily papers who will in the future refuse to admit medical advertising to their advertising columns. With this movement we are in hearty accord, but there is a phase of the subject which has not yet received the attention it deserves. Scarcely a day passes but some newspaper records a most wonderful bit of medical history, giving to the readers an entirely erroneous impression of disease and its remedy. A case in point is the publication a short time since by a daily paper in the city of Providence of a most marvelous cure of a criminal tendency in a boy by the correction of a defect of vision. This lad was the bane of his teachers and the dread of his neighbors, was entirely beyond the control of his parents and was addicted to all the vices of youth and some of adult life. He bade fair to pass through all the stages of criminal life and to end it in States prison, when someone discovered that he had a hyperopic astigmatism. As soon as this was corrected by proper glasses the boy's nature was completely changed. He was glad to help his mother in household duties, attended Sunday school with great regularity, never "played hooky," and was extremely shocked when hearing the boyhood slang of his playmates. This was elaborated in the editorial in question and the only objection to it was the fact that it was absolutely untrue.

Another news item related the wonderful discovery of a physician that all headaches are caused by an abnormality of the nose and that he could cure all its phases by a surgical procedure. This also was untrue, but the effect of publishing such statements under editorial sanction in a reputable newspaper is to inculcate in the minds of the laity an entirely erroneous opinion regarding disease and its remedy. These two cases have already brought to the physician's notice cases of perverted moral sense and serious headaches in children, whose parents wished relief either by the correction of errors of refraction or operative procedure on the nose.

A third appeared under "Religious and Social Service" in the Literary Digest and was illustrated in Colliers. It details a clinic in Chicago where they cure the cigarette habit and cause a positive distaste for tobacco by the application of silver nitrate as a mouth wash. "The news of this cure and its success has inspired letters from every State in the Union and from foreign countries requesting details of the cure." If you believe it, try it.

The Committee on Publicity, recently appointed by the Providence Medical Association, have in mind to attack this evil by a series of legitimate talks on medical subjects in the daily press, and it is to be hoped that their efforts will meet with the approval of those who control the policies of the daily newspaper and receive their encouragement and assistance.

Unprofessional Advertising and Quacks.

From the Providence Medical Journal.

Last year two members of the State Society resigned under criticism for unprofessional advertising. Another offender against the tenets of his profession has sent out a booklet recounting his wonderful success in "Immunization of the Blood."

Of what use is it to subscribe for Life, Puck, or Judge, when we have right in our midst a humorist like Dr. Tanguay? We accord him the space to quote freely from his book in our pure reading and no charge will be made for the advertising.

(The editorial continues with an extended account of Dr. Tanguay's address in which he says: "I will permit myself to say that the organ most responsible for the life of the body is the Pancreas. I will say more all the diseases of the kidneys have their beginning in the want of secretion of passcreatic fluids," etc.

* * * "My specific is not virulent T. B. It's not serum from animals, it's not dangerous, can cause no ill effect and is sure in its action. If it was known to the public, they would butter their bread with it three times a day," etc. There this celebrated Dr. T. cites several cases we give the following as a sample:

"Mr. L., 49 years old, ice retailer, came to my office between 4 and 5 o'clock in the morning, holding his side with his two hands. While telling me he was dying with a pain in his side, he fell to the floor. I helped him to a lounge and gave him an injection of my blood immunizer. He went to sleep. After half an hour he got up and said he was no more sick. He went home and he slept during the forenoon, took a heavy dinner and went in the afternoon delivering ice. Never felt pain since. This is the most acute case of appendicitis I ever met. If he had been operated, how many days before he'd gone to work?"—Editor.)

Rhode Island has been comparatively free from the notorious advertising quack for a number of years. Public opinion has demanded that they limit their extravagant claims and one notorious offender has so modified his advertising that really little fault can be found with it, and we believe the credit of it can be given to the Providence Journal, which is rapidly clearing its advertising columns of objectionable matter. The attention of the State Board of Health is respectively called to the "celebrated" Dr. Hincks, of 76 Dorrance street,

Providence. The quack, although a registered physician, has flooded the Italian district of this city with circulars advertising his wares, and already the District Nursing Association has seen its effect.

The following letter has been received:

* * * "I am enclosing a leaflet which nas been distributed at most of the Italian homes on Federal Hill, and I am also enclosing the transalation. I thought perhaps you might be able to do something about it. The fact that he has just returned from Europe will make a very marked impression on our Italian friends and undoubtedly they will flock to him in large numbers. * * *"

RETURNED FROM EUROPE.

Clelebrated Professor and Specialist.
This Great Specialist Offers Free His Consultation and Advice

To all sick Men, Women and Children.
Hours: Weekdays from 9 A. M. to 8 P. M.
Sundays from 10 A. M. to 2 P. M.

PROF. DOCTOR WM. HINCKS.

Case-Mead Building, 16 Dorrance Street, Cor. Weybosset Street, Providence, R. I.

Several physicians have also called attention to the offender. But there is no provision in the Medical Practice Act which can curtail his activities, and he cannot be indicted for obtaining money under false pretenses, for his claim of free treatment is false, the profession can do the public a great service by giving him still further advertisement in reporting such cases under their observation.

(Yet Legislators and so-called reputable newspaper publishers and editors in New Jersey think there is no need of a Medical Practice Act that will curtail and wipe out the gigantic evil that is causing the death of hundred of our citizens and lowering the vitality of thousands. —Editor.)

The Lay Press and Quack Advertising.

From the Texas State Journal of Medicine.

One prominent newspaper man complains that lay publications are not in a position to draw the line between legitimate and fraudulent medical advertisers. For that reason he thinks the only feasible policy to pursue is to take what comes and let the purchaser beware. While we do not attach much importance to this line of argument, believing that any man of sufficient intelligence to manage a great newspaper will be able to see the fraud of ninety per cent. of the medical advertising before the public to-day, we beg to call attention to the following rules adopted by The New Orleans Item for guidance in considering medical advertising, which we take from The Journal of the A. M. A.

"The New Orleans Item declines to accept advertising on any of the following class of articles or services:

"1. Books, pictures, 'rubber goods', or other devices or services, where the name of the device or the wording of the copy conveys, either directly or indirectly or inferentially, that the ariticle or service is of obscene, illegitimate, or questionable nature.

"2. Medicines or methods for the cure or relief of diseases peculiar to women. This rule bars any copy containing such words or expressions as 'women's diseases,' 'women's complaints,' 'ladies' friend,' 'tansy,' pennyroyal,' 'regulator,' 'preventive,' and the like, and in general any verbiage that may be considered by the Item to be similarly offensive.

"3. Medicines, methods, or devices for the cure or relief of diseases peculiar to men. This rule bars any copy whatever containing any such words or suggesting any such ideas as 'lost manhood,' 'sexual weakness,' 'exhaustion,' 'impotence,' 'nocturnal emissions,' 'unnatural discharges,' 'gonorrhea,' 'impure blood,' 'syphilis,' 'gleet,' 'varicocele,' and the like, or any copy that suggests them.

"4. Medicines or mechanical devices that purport to 'enlarge the bust,' to 'improve the figure,' to make the fat thinner or the thin fatter, to restore hair to bald heads, change ugly complexions into beautiful ones, and, in general, to perform any other feats that are impossible or may be dangerous. It is not intended to bar toilet preparations of harmless composition, or legitimate massage devices that are truthfully advertised.

"5. Any medicine that claims to cure or relieve diseases commonly held by medical science to be incurable in this way, such as tuberculosis, cancer and the like. This rule bars reference to such diseases by expressions designed to suggest them, such for instance, as 'lung trouble,' for consumption. This rule also bars indirect claims of cure or relief of such conditions, through testimonials or otherwise.

"6. Any medicine that claims cure or relieve any disease or injury whatever. This refers to diseases, not to conditions, such as constipation and the like, and does not bar harmless cathartics and other such remedies, when truthfully advertised.

"7. Any medical treatment offered free.

"8. Any advertisement not falling itself within the prohibition of these rules but leading to correspondence between advertiser and reader in which the principle of these rules is violated.

"9. Any medicine containing a habit-forming drug of the dangerous class—opium or its alkaloids, cocain, heroin, chloral and the like. This rule bars preparations in which alcohol is present in quantities larger than pharmaceutical compounding requires and thus becomes one of the active agents, or the sole active agent, in the mixture. This clause, however, will not apply to 'bitters' commonly known for their alcoholic content.

"10. Medicine containing useful drugs or chemicals harmless in many cases, but potentially dangerous when indiscriminately administered—acetanilid and the like. Debatable cases of this sort will be settled in the discretion of the Item.

"11. Any sort of text or illustration offensive to good taste, either in character or in appearance. This applies to all the class of grotesque, bizarre, or horrible pictures and expressions calculated to shock the reader into attention.

"12. Copy that simulates in type, arrangement or otherwise, the Item's own reading matter.

"13. Financial or commercial schemes or enterprises that the Item has reason to believe are fraudulent, or unsound or exaggerated."

A quack is an ignorant pretender; the faker is a quack who is not so ignorant. Any physician who pretends to that to which he is not

entitled, whether quack or faker, should be avoided. As a rule, any physician who uses the public press to call attention to his superior skill, is a pretender. Physicians are at best handicapped by their limitations, and their honor is the balance wheel upon which the patient must rely. A physician without honor should be avoided.—Texas State Med. Jour.

Editorials from the Lay Press.

The Boston Hearld Answers "Life."

The statements of Life on medical and public health questions are usually so distorted and radically misleading that the average reader does not take its utterances seriously. The Boston Herald, however, recently relied to one of Life's characteristic insinuations in words which are worth quoting. Life said:

THE MEANEST CRIME.

The assassin who shoots you in the back does a cowardly thing. But he does it frankly as an enemy, and he takes chances of punishment. He knows there are legal penalities for that kind of murder.

But when a doctor in a hospital tries his latest "discovery"—a surgical trick, or the injection of a fatal disease into a confiding patient—he does it, not openly as an enemy, but pretending to be a friend. Unlike the assassin who shoots you in the back, he has no fears of punishment. He is doubly safe, because he selects his victims among the poor, the sick, the helpless.

Such victims, always the weak and friendless, whose only hope is health and strength, are indeed fortunate if they escape with no more diseases than when they entered.

No law protects them.

There is no punishment for this meanest of crimes.

To this the Boston Herald replied:

Is there anything more cowardly than lying insinuations against a set of men and women who devote their lives, and often sacrifice them, to alleviate suffering?

Is there anything more contemptible than the back-handed thrust of generality to conceal the falsity of what admits of no proof?

Is there anything more unworthy of a paper that lays claim to being a force for good than to sow the seeds of malicious untruth?

No law prevents this form of slander.

There is no punishment for this meanest of journalistic crimes.

The Selling of Drugs.

From Collier's Weekly, March 21st.

A Firm of Retail Druggists in New York Prints This Advertisement:

RIKER AND HEGEMAN DRUG STORES

DO NOT SELL

Narcotic Poisons or Habit-Forming Drugs, excepting upon the written prescription of a registered physician. We are in advance of all laws that pertain to the safety of the purchasing public. We believe that Cocaine, Morphine, Opium, Laudanum, Codeine, Heroin, Chloral Hydrate, and other Narcotic Poisons should be used only...by the advice of your Doctor, and we do not sell them otherwise.....

We notify our sales people in every store that this rule must be rigidly enforced.

Te family Doctor is our authority in these matters, and we must have his written and sign-ed Prescription before dispensing anything of this nature.

We take off our hat to these druggists both for their policy and their business acumen, and hereby give them this advertisement for nothing. It is a bitter commentary on our laws that the druggist himself (if he is shrewd) can volunteer such an announcement. The law has piteously left this to his discretion. Even in Mantua—that is to say, in Shakespeare's day—Romeo's "wondrous needy" apothecary announced:

Such mortal drugs I have; but Mantua's law
Is death to any he that utters them.

The law at all events was sound, though Romeo got the drugs—by means of that gold that is

Doing more murders in this loathsome world,
Than these poor compounds that thou mayst not sell.

The druggists of to-day, many of them, have no more character than the wondrous needy man of Mantua, upon whose back contempt and beggary hung.

Should Be Handled Without Gloves.

From the Bayonne Evening Times, March 24th.

The druggist who sells morphine, cocaine, heroin, or any derivative of these drugs, to any individual, without a physician's prescription, ought to have his place closed up and sent to jail besides.

There are too many young men who are made the victims of the deadly drug habit, with all its attendant horrors, by the promiscuous selling of these poisons, to tolerate such a situation any longer.

The selling of such drugs to any one without a doctor's prescription should be made impossible.

A matter of such vital importance to the very life of a nation should be handled without gloves.

Recruiting stations for jails and insane asylums should have no place in a civilized community.

Bright's and Other Kidney Diseases.

The Human Factor, March, 1914, says:

While the inaccuracy of the government's mortality statistics is fully recognized, yet they are of unquestionable value in indicating the general trend of disease. The abnormal increase in the mortality from Bright's disease and nephritis is indicated wherever comparative statistics are found. In Chicago the increase in 10 years has been 47 per cent., in Memphis 50 per cent., in Richmond 106 per cent. Among the registration states this death rate was highest in New York—132.0 and lowest in Montana—52.0.

Among the cities it was highest in Charleston, S. C.—356.4, where it was 12 per cent. of all deaths. In the registration area in 1911 the death rate among the whites was 94.3 and among the colored 170.4. In the cities the rate was 112.7, in the rural section 75.0.

In the registration area 82 per cent. of the

deaths from kidney diseases were among people above age 40.

Any physician can tell what food and general course of action is necessary to keep the kidneys in a healthful condition. But what is of still greater importance to those already attacked by kidney disease,—the doctor, if he is given the opportunity to make periodical examinations, can tell of the presence of the disease long before it gives the victim the slightest twinge or other evidence of attack. At such a time, when the disease is young, he can either cure it or postpone serious results for years.

Many thousands of lives could be saved annually by the simple process of having health inspection at reasonable intervals by a competent physician. Prevention is cheaper than cure. It costs less to keep well than to get well.

(We note that the United States census reports show the increase in death rate from diseases of the kidneys from 1900 to 1911 was as follows: San Francisco, 16 per cent; Philadephia, 21 per cent.; Boston, 22 per cent.; Baltimore, 24 per cent.; New Orleans, 27 per cent.; Denver, 36 per cent.; Kansas City, 42 per cent.; Chicago, 47 per cent.; Memphis, 50 per cent.; Richmond, 106 per cent.

In 1911 the deaths per 100,000 population in New Jersey were: Acute nephritis, 15.4 in cities and 11.7 in rural districts; Bright's disease, 106.6 in cities and 94.2 in rural districts. In New York, acute nephritis, 13.4 in cities and 12.4 in rural districts; Bright's disease, 123.4 in cities and 105.6 in rural districts.—Editor.)

The Capital Importance of Early Operation in Cancer.

From the Baltimore Evening Sun.

Whatever their difference of opinion as to the value of radium in the treatment of inoperable cancers, all the surgeons worth hearing seem to be agreed that early surgical interference is the best of all remedies against every sort of malignant tumor. And in this view they are backed up by facts and figures which must needs carry conviction to every reasonable man. The records of the Surgical-Pathological Laboratory at the Johns Hopkins Hospital show clearly that the chances of a permanent cure, if the knife be resorted to promptly, are very high, and they show equally clearly that those chances decrease with every day of delay. And as the cure becomes remote, the immediate danger and damage of the operation become greater. That is to say, a new and small cancer may be removed without much pain and without much mutilation, but an old and dispersed cancer leaves an appalling wound behind it.

The Hopkins reports are now being analyzed and tabulated, and those for cancer of the lip, tongue and breast are already complete. The tongue figures show that the prompt removal of the benign lesions which precede actual cancer—i. e., tobacco blisters, white spots and sore places about the teeth—results in 100 per cent. of cures. In the second stage—i. e., that of malignant warts—complete removal is equally effective. But when the actual cancer appears the proportion of cures drops at once to 50 per cent.

In cancer of the breast the danger of delay is equally apparent. In the milder form, called adenocarcinoma, the percentage of cures in all cases is 76, but in the late cases—i. e., those in which the cancerous nature of the tumor is already obvious to the eye—the percentage is but 64. In the early cases, on the other hand, is 100 per cent. In these early cases there is a warning lump in the breast, but no outward sign of malignant tumor. The operation begins with an exporatory incision, which enables the surgeon to see the actual tumor. When he determines, either by the eye or by the microscope, that it is malignant, the complete removal of the breast—the Halsted operation—follows. All of the patients so treated get well.

In the more malignant forms of breast tumor, the general percentage of cures drops to 36, and that in late cases to 33, or one patient out of three. But even here the cure in early cases reach 85 per cent. In other words, the patient raises her chances of recovery from 33 to 85 per cent. by going to the surgeon early. And in lip cancers the reports show that prompt operation in the earliest stages yields 100 per cent. of cures, and complete operation in the later stages 75 per cent. If the operation is incomplete and the cancer returns, the percentage of cures drops to 33.

Incidentally, the Johns Hopkins figures show that great progress has been made in the treatment of cancer in recent years, despite the fact that no specific for the disease is yet known. Once it has developed, the doctors are wholly unable to cure it, in the sense that they can cure diphtheria and malaria, but they can at least cut it out, and so get rid of it. This cutting out is effective in the early stages for the simple reason that cancer, at the start, is always a purely local disease. But once it has begun to disperse throughout the body it becomes inevitably fatal. The cause of the success of early operations lies in the fact that they remove the tumor before it has begun this deadly process of dispersion.

Thus it becomes apparent that early diagnosis is a very important thing in cancer. If the patient gets to the surgeon while the tumor is still purely local, its removal is almost certain to prevent any further trouble. And in this business of early diagnosis there have been great advances during the last 10 years. Not only are physicians and surgeons more alert for the early signs of cancer than they used to be, but patients themselves have learned the dangers of unhealed sores, and so they are reaching the operating room earlier and earlier, and more and more of them are going away cured. The Johns Hopkins figures give graphic proof of this.

In 1908, for example, but 8 per cent. of the patients who came to the Hopkins with suspicious sores on their lips were still in the precancerous stage, with its cure-rate of 100 per cent. But by 1913 the number of them had jumped to 18 per cent. In the same way, the number of those so far gone that their cancers were inoperable dropped from 18 per cent. to 8½ per cent. And so in tongue cancers. The number of patients with easily curable pre-cancerous lesions jumped from 8 to 30 per cent., and the number with inoperable cancers from 18 to 10 per cent.

Such has been the effect of investgation and education in five years. Cancer still remains an

incurable disease, and there is even no certain knowledge as to its cause, but what they can't cure the surgeons can at least remove—provided they are consulted in time. It was with the aim of educating the public to this fact that the Society for the Control of Cancer was recently formed. Once the facts in its procession are laid before the people, as the facts in the possession of the tuberculosis propagandists were laid before them 10 years ago, it is certain that the death rate from cancer, now one of the most deadly of diseases in this country, will be materially and permanently reduced.

—H. L. Meneken.

Therapeutic Notes.

Acne—Facial.

In moderate degrees of this condition Brocq recommends the following ointment:

℞ Camphor.
Resorcin, aa 0.50 gram.
Precipitated sulphur, 3 grams.
Soft soap, 0.75 gram.
Prepared chalk, 6 grams.
Pure vaseline, 10 grams.

This is applied after the face has been thoroughly bathed with hot water and soap or with ichthyol soap. The ointment is kept on all night and washed off the following morning.

Sulphur lotions are sometimes preferable to the above. The following has produced good results:

℞ Precipitated sulphur, 25 grams.
Spirits of camphor, 60 grams.
Rose water.
Distilled water, aa 200 grams.
Glycerine, 15 grams.

This is applied by means of a pledget of absorbent cotton.—Bulletin General de Therapeutique.

Dr. Buchholtz, of Berlin, states that he has been quite successful in a number of cases of obstinate acne with rubbing into the skin a powder consisting of equal parts yeast and boric acid, after the skin has been softened by thoroughly rubbing in a thin layer of boric acid salve. Once a day is sufficient. He sometimes made the powder with two parts yeast to only one part boric acid.

Alopecia—Common Forms Of.

Dr. S. E. Dore, in the Clinical Journal, London, expresses his belief that resorcin or salicylic acid, mercuric chlorid, sulphur and tar are the best drugs. In the majority of cases he uses a lotion such as the following:

Hydrarg. chloridi corrosivi....gr. ss—ij
Resorcini vel acidi salicylici....gr. v—x
Olei lavand. .....m i—ij
Olei ricini vel glycerini.....m v—x
Spt. vini rect. ad.....℥ j

If the scalp is dry the castor oil may be increased in quantity; if excessively greasy a solvent of fat such as ether or acetone may be added.

A spirit lotion is, he states, the best dressing for the hair of women; in men, water or weak spirit with glycerin instead of castor oil is sometimes preferable. Resorcin discolors white or very fair hair and calicylic acid should then be substituted. In severe cases an ointment may be required at first and may be rubbed in every night and washed off in the morning, or a small quantity applied once or twice a week after shampooing, that is:

Naphthol B.....gr. v—x
Sulph. praecip.....gr. x—xx
Resorcini .....gr. x—xx
Ol. lavand.....m i—ij
Vaselini .....℥ j

To this oil of cade, etc., may be added.

When seborrhea is not a marked feature, as in toxic and nervous cases, pilocarpin may be substituted for the mercuric chlorid in the first prescription or prescribed with ammonia or other stimulant, that is:

Pilocarpini nitrat.....gr. v
Liq. ammon. fort.....ʒ j
Tinct. lavand. comp.....ʒ j
Spt. vini. rect.....℥ jss
Aquam. .....℥ vj

This lotion is also effective in slight degrees of seborrhea, because the ammonia forms a soap with the fat of the scalp. Other useful stimulants are chloral hydrate, acetic acid and cantharides; the last should be used with caution on account of its action on the kidneys. Internal medication should not be forgotten, especially in neurotic and anemic cases and the glycerophosphates, cod-liver oil, iron, strychnin and arsenic are of service.

Burns—Local Application of Alcohol.

Dr. M. J. Breitmann, in Therapeutische Monatsheft, Berlin, states that in an experience of fourteen years he has never witnessed any results with other measures comparable to those which follow immediate application of 60 or 70 per cent. alcohol to burns of the first or second degree. The burned area can be placed in a pan containing the alcohol or treated with compresses kept moistened with the alcohol. The pain is relieved, the inflammation subsides, the blisters retrogress, and a dry scab forms, healing proceeding smoothly and leaving no trace of the burn. The shorter the interval after the burn before the alcohol is applied, the better the outcome in every way. When the blisters have not been opened the alcohol does not smart; alcohol is too painful to apply to burns of the third degree. The burned area has been sterilized by the heat, and the alcohol, applied at once, before any germs from without have reached the area, dehydrates, dries and tans the tissues, and under the tarred surface the parts below get a chance to heal aseptically. Alcohol above or below the 60 or 70 per cent. strength does not act so well.

Cariac Edema—Diuretic Mixture For.

Furbringer and Kohlschutter recommend the following:

℞ Infusion of digitalis, 150 Gm.
Tincture of strophanthus, 3 Gm.
Citrated caffeine, 2 Gm.
Solution of potassium acetate (40 per cent.), 50 Gm.

The dose is one tablespoonful every two hours.

Ortner combines the infusion of digitalis with a double salt of caffeine. He frequently uses theocin or its preparations in conjuction with the infusion of digitalis.—Med. Record.

Dysmenorrhea.

℞ Strontium bromide.....gr. xv
Potas. bicarbon .....gr. xv
Sweet spirit of niter.....m. xxx
Tincture of capsicum.....m. iss
Comp. tinct. of cardam.....m. x.
Syrup of ginger.....m. v.
Peppermint water.....q. s. ad ℥j
M. et ft. sol.
This dose to be taken every three hours.

Dyspepsia—Painful.

℞ Acidi hydrocyanici diluti, ʒj.
Tincturae belladonnae foliorum.
Bismuthi subnitratis, aa ʒij.
Aquae destillatae, q. s. ad ℥iv.
M. Sig.: Teaspoonful before each meal.—Med. Sentinel.

Eczema Ointment.

Zinci oxidi .....3.5 g
Lenigallol .....1.8 g
Lanolini .....3.5 g
Vaselini .....30.0 g
Sequeira: Diseases of the Skin.

Furuncle.

Phenolis, ʒi.
Fluidextracti ergotae, ʒj.
Amyli pulv.
Zinc oxidi, aa ℥ij.
Petrolati, ℥j.
Apply twice a day.

Hardened Skin—Application For.

The Chemist and Druggist recommends the following for hardened skin on the sole of the foot. The preparation is to be applied after bathing in hot water and rubbing with a corn file:

℞ Salicylic acid, gm. ij.
Glycerin,
Solution of morphine hydrochloride, of each, gm. vj.
Wool fat, gm. xx.
To be used night and morning.—Monthly Cyclop. and Med. Bull.

Hiccough—Suprarenal Extract In.

J. Segal, in Journal des Praticiens for August 23, 1913, reports a case of obstinate hiccough in a patient suffering from renal colic, in which, after large doses of bromide, chloral hydrate, chloroform and cocaine, injections of morphine, gastric lavage with silver nitrate solution, spraying ethyl chloride on the epigastrium, and even general chloroform anesthesia failed to bring relief in the course of eleven days, administration of suprarenal extract proved promptly effective. The patient took ten drops of the one in 1,000 solution; at once the hiccough became milder and less frequent and upon repeating the dose half an hour later, the symptom completely and permanently disappeared. The action of the drug in relieving hiccough is compared by the author with the "anti-spasmodic" action it is well known to exert in bronchial asthma.

Dr. F. H. Read, in the Medical Record, reports the relief of persistent hiccough by the use of ten drops of a saturated solution of menthol in rectified spirits of wine, in a little hot water, to be repeated every hour if necessary.

Itching in the Presence of Jaundice.

L. Aldor, in Nouveaux remedes, is credited with the following lotion, to be employed for the purpose mentioned:—

℞ Resorcinolis,
Mentholis, aa gr. xv (1 Gm.).
Hydrargyri chloridi corrosivi, gr. iij (0.2 Gm.).
Glycerini, Mlxxv (20 Gm.).
Aquæ coloniensis, ℥iij (100 Gm.).
Alcoholis, ℥xv (400 Gm.).
M. et ft. solutio.
Sig.: To be used as a wash.— N. Y. Med. Jour.

Myalgia.

℞ Methylis salicylatis fʒiij.
Mentholis, gr. xx.
Linimenti aconiti et chloroformi (N. F.), f℥iij.
M. Sig.: Rub in every two or three hours.
℞ Antipyrinae, gr. lxxx.
Sodii salicylatis, ʒij.
Dioninae, gr. viij.
Syrupi aurantii.
Aquae, aa f℥j.
M. Sig.: Teaspoonful every three hours.—Merck's Archives.

Nasal Catarrh—Chronic.

Dr. W. Wilson states that it is absolutely essential, in the treatment of chronic catarrh, that the general health be perfected. Many patients will recover upon adopting a wholesome open-air mode of life, with abstention from tobacco, alcohol, etc. Calomel on alternate evenings, with magnesium sulphate in the morning, should be employed to relieve portal congestion.

Local treatment consist of simple lavage, which, however, must be persisted with. One teaspoonful of the following powder, added to a pint (500 c.c.) of tepid water, forms an efficient preparation for the lavage:—

℞ Powdered boric acid,
Sodium bicarbonate,
Sodium chloride, equal parts.
Add a little crystalline menthol, mix well, and grind.

A ball syringe should be employed in the douching, but great gentleness is necessary. If the head is bent somewhat forward and the patient performs rapid, sharp expirations through the mouth, there will be little danger of the solution entering the sinuses. On no account, however, should a swallowing movement be made.

Where there is a tendency to dryness and crusting, local treatment is best carried out by means of an oily solution sprayed with an atomizer:—

℞ Mentholis, gr. v (0.3 Gm.).
Camphoræ, gr. ii (0.12 Gm.).
Olei eucalypti, miij (0.2 Gm.).
Olei amygdalæ dulcis, q. s. ad ℥j (30 Gm.).
M. et ft. solutio.

Where, upon examination, so much nasal obstruction is found that cocaine and epinephrin cause no shrinkage of the tissues, establishing freedom of the respiratory passages by operation is necessary before any treatment of the catarrhal condition can be successful.

(Practitioner.)

Creosote Carbonate in Pneumonia Bronchitis, Grip, Etc.

Dr. W. W. Nelson (Med. World) values creosote carbonate in the following formula very highly in any form of pneumonia, grip, common colds, catarrhal conditions generally, and in many conditions of the bowels at any age. His use of it in pulmonary tuberculosis has been very unsatisfactory. His favorite formula is as follows:

℞ Creosote carbonate .....ʒ iv
Strych. sulf. (in sol.).....gr. ss.
Powdered acacia .....ʒ ss
Glyco-heroin (Smith), q. s. ad. ℥ iv

M. et ft. emuls.

Sig.: One teaspoonful every three hours while awake. ("Shake" label.)

Art of Prescribing.

Dr. A. P. Luff, in the British Medical Journal, expresses his convictions that there is a growing practice which is rapidly threatening to undermine to a great extent what he considers to be the skilled and rational employment of therapeutic agents in the treatment of disease. He refers to the too general use of powerful drugs in compressed forms and of proprietary preparations. Undoubtedly lamellae and tabellae of active principles in the hands of medical men are most convenient and useful for hypodermic and occasionally for other forms of administration; but it is the ready facility with which powerful drugs prepared in this form are obtained by the public which constitutes a grave danger, a facility which is responsible to a great extent for the increasing practice of self-drugging. Equally bad is the use of some of the proprietary preparations which are so speciously puffed, and with the samples and laudatory advertisements of which physicians are so profusely deluged, tempting the medical man as they do to the enervating habit of thinking that the writing of an order for such a preparation is the writing of a prescription, and gradually rendering him absolutely impotent to exercise the true art of prescribing.

There is another aspect to this subject to which Luff directs attention. The practice of writing an order for a particular form of compressed drug, or for a proprietary preparation (he says he cannot dignify such an act as the writing of a prescription) is apt to encourage patients to recommend such proprietary articles to their immediate friends who in their opinion are suffering from similar symptoms or from what they imagine to be a similar complaint.

The factors which make for success in the art of prescribing as Luff lays them down are: (1) A sound acquaintance with the therapeutic uses of drugs. (2) A thorough knowledge of the doses of drugs. (3) The avoidance of the mixing of drugs that are incompatible. (4) The administration of drugs which are nauseous or distasteful in such form or combination as to be palatable to the patient.

Hospitals.

Bridgeton Hospital.

The annual meeting of the Bridgeton Hospital Association, to hear reports of the work for the year ending March 31 and to elect six directors to serve for a term of three years, was held April 14th, at the rooms of the Commercial League. John F. Watson, C. W. Shoemaker, William E. Service, Charles F. Reeves, Clayton McPherson and O. F. Anderson, whose terms expired this year, were re-elected.

Reports were made by Dr. W. P. Glendon, president of the medical and surgical staff; Mrs. C. F. Reeves, president of the Woman's Auxiliary, and Miss I. D. Squarewood, the superintendent. These reports showed that the work accomplished was larger and more successful than any previous year. There were 370 patients admitted, this number being 60 more than last year and 118 more than two years ago. Of these, 276 were surgical, 84 medical and 10 maternity cases. There were 20 deaths, 3 less than the previous year, a very creditable showing, considering the nature of the cases admitted. Frequently both the capacity and the working forces of the hospital have been overtaxed. There was added to the hospital last year the much-needed laundry, fully equipped with electric washer, dryer and ironer, made possible by the bequest of the late Daniel Bacon, also the Charles Ewing Elmer room for free patients, endowed by the late Mary Elmer.

Mullenberg Hospital, Plainfield.

Drs. C. R. P. Fisher, H. L. Kaucher, F. A. Wild, J. T. Robinson and E. T. Davis, of Bound Brook, have been appointed on the auxiliary staff of the Hospital.

Paterson General Hospital.

Three resident physicians have recently been elected resident physician for the coming hospital year. They are graduates of the Jefferson Medical College, Philadelphia.

Passaic General Hospital.

Over $60,000 had been raised up to April 25th of the amount they are striving to raise for the enlargement and better equipment of this hospital.

Private Hospital.

Mayor Haussling, April 15th, formally opened the new building of the Newark Private Hospital by handing the keys of the structure to Dr. Hugh F. Cook, head of the institution's directorate. The brief ceremony followed a toast to the Mayor and a response on his part congratulating the physicians on the completion of the building. About fifty physicians and guests were present. The new building is in Roseville avenue, near Warren street.

Dr. Francis J. Kerns, who acted as master of ceremonies, was assisted by the other directors, Dr. H. B. Epstein, Dr. E. M. Richman and Dr. Edwin Steiner.

Accepting the keys, Dr. Cook said:

"It is our purpose to be of benefit to the

community. We thank all our well-wishers and bid them welcome whenever they wish to come here.'

Short addresses were also made by Bruce P. Kitchell, architect of the building; Superintendent Charles E. Talbot of the City Hospital, and Dr. Joseph H. Haydon.

St. Francis Hospital, Jersey City, Suit Settled

By agreement of counsel a verdict for $200 was directed in the case of fifteen-year-old Chester Delaney of 458 Bergen avenue against St. Francis' Hospital in Judge Campbell's court on April 28th.

The boy, who sued through his father, Edward Delaney, asked $5,000 for injuries he received on the evening of December 11, 1912, when he was run down at Bergen avenue and Atlantic street by an ambulance owned by the hospital.

Gift to Hospital.

A gift of $1,000,000 from James Dearing to Wesley Hospital, Chicago, was announced recently. It is for an endowment and is to be used in establishing clinics to furnish medical aid to the poor, it is reported.

Friedmann Sanatorium Closes.

The Lower Saranac Lake Health Resort, at Saranac Lake, N. Y., which was opened last July as a place for the administration in the Adirondacks region of the Friedmann treatment for tuberculosis, was closed recently. Its abandonment apparently marks one of the final stages in the exploitation of the treatment around New York.

Medico-Legal Items.

Relative Weight of Medical and Lay Testimony as to Mental Capacity.

The Supreme Court of Illinois holds that the testimony of medical witnesses, who testified on behalf of the contestants of a will, was not entitled to greater weight than the testimony of non-medical witnesses, who testified for the proponents of the will, as to the mental capacity of the maker of the will. The court says that it has never been held in Illinois that the testimony of physicians on the subject of mental capacity is entitled to any greater weight than that of laymen who are men of good common sense and judgment. In Carpenter vs. Calvert, 83 Ill. 62, it is said: Physicians may be regarded experts as to the condition of the body, and as to what diseases tend to impair the mind, but it does not follow, from the mere fact that they are physicians, that they are any better judges of the degree of mental capacity than other men of good common sense.—Austin vs. Austin (Ill.), 103. N. E. R. 268.

Board of Health Creature of Statute.

The Supreme Court of New York, Appellate Division, Fourth Department, says of a village board of health that it was purely a creature of a statute, having only such limited powers as might be delegated to it by the Legislature, and such incidental powers as would enable it to effect the purposes for which it was created. While its efforts toward the suppression of insanitary conditions must be applauded, nevertheless, when it seeks to impose penalties and collect them, it is held to a strict compliance with every statutory preliminary leading up to the collection of the imposed penalty. If in any particular there is a deviation from the path which the Legislature laid down for it to travel, such omission is a fatal one, of which the accused may take advantage.—Village of Carthage vs. Colligan (N. Y.), 144 N. Y. Supp. 468.)

Expert Witnesses—Credibility.

In an action for personal injuries, where the testimony as to these consisted largely of that of expert witnesses on both sides, the gravest injury complained of was a fracture of the pelvis. Commenting upon the credibility of paid witnesses the court said: "There is no good reason why an expert whose relations to a case are purely professional, and whose competency exists perforce of his profession, should not be compensated, or why the fact of such compensation should of itself discredit him. So long as the present procedure as to expert witnesses is in force, the criticism upon it should not be directed to the individuals who by it alone must be brought to the witness stand."—Jacoby v Brooklyn, Q. C. & S. R. Co., N. Y., Appellate Div., 138 N. Y. Supp. 486.

Cross Examination.

In a will contest the testator's physician was examined as a non-expert witness. He was not asked on direct examination to give any opinion touching the condition of the testator's mind. It was held that a question on cross-examination, calling for such an opinion, was properly excluded as not proper cross-examination.—Crawfordsville Trust Co. v. Ramsey, Indiana Supreme Court, 98 N. E. 177.

Medical Services to Minor—Ratificaion of Contract.

Action was brought for medical services rendered to the defendant while she was a minor, living with her father and supported by him. The plaintiff relied upon a voidable contract by the defendant to pay him for the services, which she, after coming of age, ratified. There was evidence that after the rendition of the services and during the defendant's minority, she told the plaintiff that she wanted him paid therefor, and recognized the bill as a proper charge against her. Whether, in the absence of other evidence, she would have been liable upon the contract thus made, in view of her infancy and her situation in her father's family, it was unnecessary to decide, there being other evidence authorizing the inference that after coming of age she ratified her voidable contract.—Smith v. Mooney, New Hampshire Supreme Court. 85 Atl. 619.

Compensation—Professional Courtesy.

In an action by one physician against another for professional services rendered it appeared that the plaintiff and defendant were both members of the staff of a hospital. While the defendant was performing an operation upon a patient, he desired the plaintiff's aid, and sent a telephone message requesting the plaintiff

to come to the hospital to help him out. The plaintiff immediately came to the hospital and went into the private operating room. A woman was on the operating table. Her abdomen was open, and she was suffering from a hemorrhage. The defendant said to him: "Doctor, I wish you would finish this operation for me. This woman is bleeding. I can't control it." The plaintiff then finished the operation. The defendant was performing the operation for a fee of $10, and the patient was not strictly a charity patient, although the defendant was paying for the private room. It was held that the plaintiff was deemed to have rendered his services from the high sense of the professional obligation and courtesy which exists in the medical profession, and could not recover upon an implied promise by the defendant to pay for such service. The fact that the operation was not performed in the charity ward, and that the defendant received a nominal fee for his own services did not change the rule.—Gilday v Hennen, N. Y. App. Div., 139 N. Y. Supp. 934.

Malpractice—Evidence.

In a prosecution for malpractice in treating a child's eye, the defendant testified that he made but one visit in August, 1903, when he prescribed for the eye, and that the next time he was called to see the plaintiff was in January, 1904. There was no claim that the second visit had any reference to the child's eye, and the defendant testified that that was the first time he saw that the eye was out. It was held to be prejudicial error to compel the defendant to answer questions as to whether he made any inquiry or examination of the eye between the time he prescribed for it in August and the time he discovered in January that it was out. Any such inquiries or examination could prove nothing.—Shelton v. Hacelip, Alabama Court of Appeals, 60 So. 471.

Practicing Without License—Evidence.

In proceedings for practicing without a license the evidence showed that the accused, by his public advertisements in newspapers, and to others, publicly offered to practice, and professed to be able to cure practically any and all diseases, and invited all afflicted to call upon him for that purpose; but in his advertisements and in his private talk to many of his patients he would tell them specifically he made no charge. In his davertisements he stated, "Positively no charges made, but the labor is worth the hire," and repeatedly stated this to his patients. Many of those whom he treated paid him indirectly. Others paid him directly. He was known as and called "Dr." It was held that the evidence sustained a conviction for unlawfully practicing without a license.—Mueller v. State, Texas Criminal Appeals, 153 S. W. 1142.

Opinion Expert Testimony—Its Limitation.

An expert witness may properly state what facts he knows as to the treatment of the plaintiff suing for a personal injury, and he may give his medical opinion on such facts. He may also be asked his opinion on an assumed state of facts which the testimony of other witnesses tends to establish. While he may testify as to what, in his opinion, may or may not have been the cause of a given condition, he may not give his opinion as to the ultimate fact which the jury must determine. What in fact caused the injury is for the jury. What may or may not have caused it is a matter of expert testimony.—Sever v. Minneapolis & St. L. Ry. Co., Iowa Supreme Court, 137 N. W. 937.

Married.

ESSERTIER-CRANDALL — At Maywood, N. J., April 4, 1914, Dr. Edward Porter Essertier, of Hackensack, to Miss Edna T. Crandall, of Maywood.

Deaths.

SILVERS.—At Rahway, N. J., April 2, 1914, Dr. Elihu Brittin Silvers, aged 85 years. Dr. Silvers was born in Rahway, Nov. 7, 1829, graduated from the College of Physicians and Surgeons, New York, in 1852, and began practice in Rahway. He was a charter member of the Union County Medical Society. Was elected to the Common Council in 1877 and served three years. Served a term as member of the Board of Education and two terms as superintendent of schools.

WELSHMAN—At Newark, N. J., March 19, 1914, Dr. George Oakley Walshman.

The following actions have recently been taken on the death of Dr. Walshman:

By the medical staff of the Newark City Dispensary:

"Resolved, That it is with much sorrow that we, the members of the medical staff of the Newark City Dispensary deeply regret the loss of our esteemed colleague, George O. Walshman, who was ever faithful and attentive to his duties on the orthopedic staff of this clinic.

"We, his associates in this work of charity, wish to convey to his widow and family our heartfelt sympathy, realizing, as we do, that great as is our loss, theirs is far greater.

"Sidney A. Twinch,
"Wells P. Eagleton,
"Committee."

By the medical staff of the Home for Crippled Children, Newark:

"Resolved, That we, the undersigned members of the medical staff of the Home for Crippled Children, do hereby extend our sincere sympathy to the widow of Dr. George Oakley Welshman, who so freely and faithfully gave fifteen years of service to this institution.

"We desire to express the high esteem in which he was held, both by his colleagues and all who met him professionally.

"Signed—Sidney A. Twinch, Leroy G. Kirkman, Edgar Holden, Frank W. Pinneo, Charles E. Selvage, Wells P. Eagleton.

WEST—At Orange, N. J., March 28, 1914, Dr. Eugene G. West, from scarlet fever contracted from a patient. He was a member of the N. J. State Homeopathic Medical College and was 49 years of age.

Personal Notes.

Dr. Charles F. Adams, Trenton, and wife, were guests last week at the Holmhurst, Atlantic City.

Dr. James Douglas, Morristown, has been appointed by Judge Salmon, a member of the local Board of Excise, in place of Dr. G. A. Becker, declined.

Dr. Ernest G. Hummel, Camden, and family, spent a few days at Atlantic City last month.

Dr. William H. Iszard, Camden, and wife have recently entertained their daughter from Cleveland, Ohio.

Dr. William I. Kelchner, Camden, and family have returned home from a brief stay at Wildwood.

Dr. Charles H. Mayhead, Millsville, who was taken suddenly ill last month, has recovered.

Dr. Victor Mravlag, Elizabeth, spent some days last month at Old Point Comfort, Va.

Dr. William J. Lamson, Summit, has been appointed a member of the Union County Mosquito Extermination Commission in place of Dr. W. H. Lawrence, resigned.

Dr. John G. Wilcox, Perth Amboy, spent a few weeks recently at St. Joseph's Mission.

Drs. J. R. C. Thompson and Leslie W. Cornwell, Bridgeton, were elected physicians of the Bridgeton Loyal Order of Elks, last month.

Dr. Harris Day, Chester, who was confined to his home a few days by illness last month, is recovering.

Dr. Henry A. Cotton, Trenton, medical director of the State Hospital, suffered last month from blood-poisoning in his arm, from infection while treating a meningitis patient at Mercer Hospital.

Dr. J. Willard Farrow, Dover, was re-elected president of the local Board of Education last month.

Dr. Joseph Fewsmith, Newark, and wife recently returned from a month's sojourn in Florida.

Dr. F. I. Krauss, Chatham, recently addressed the Madison branch of the American Institute of Child Life on the dangers of colds in children and especially of whooping cough.

Dr. William J. Lamson, Summit, was re-elected medical inspector of the local schools at an increased salary.

Dr. Adrienette LeFevre, Blackwood, who has been spending some weeks in Florida, has returned home.

Dr. Fred. W. Owen, Morristown, was recently elected treasurer of the Morristown Auxiliary of the American McAll Association.

Dr. Fred. H. Albee, Colonia and New York, reports safe arrival at Genoa. He is on his way to Berlin and Paris. He will read a paper by invitation before the German Orthopedic Congress in Berlin.

Dr. James Spencer Brown, Montclair, and wife sailed recently on a three months' trip to Europe. The doctor will attend clinics in Berlin, Vienna, London and Edinburgh.

Dr. William James, German Valley, is a member of the Morris County Grand Jury for the present term.

Dr. Edward H. Crystell, Califon, spent a few days in Newark recently.

Dr. Samuel Alexander, Park Ridge, was disabled last month by blood poisoning, the result of an accident while cranking his automobile, causing an abrasion of the skin of a finger.

Dr. Stella S. Bradford, Montclair, has a paper in the Medical Record on "The Roll of Exercise in the Treatment of Visceroptosis, with Special Reference to the System of W. C. Adams."

Dr. Bert Daly, Bayonne, as Mayor of the city is making a winning fight for "open specifications" in bids for street paving. It is said he has agreed to resign on January 1st if he fails to make good in reducing cost of paving.

Dr. Eugene Z. Hillegass, Mantua, who was recovering from a severe illness, had a relapse recently, but it is believed to be only temporary.

Dr. Clarence R. O'Crowley, Newark, was elected vice-president of the American Urological Association at its annual meeting in New York, April 8, 1914.

Dr. J. Finley Bell, Englewood, at a recent meeting of the Section on Pediatrics of the N. Y. Academy of Medicine, discussed Dr. S. Josephine Baker's paper on "The Infant Milk Stations: Their Relation to the Pediatric Clinics and to the Private Physician."

Dr. Henry A. Henriques, Morristown, and wife returned last month from their trip to Bermuda.

Dr. Walter B. Johnson, Paterson, is to be congratulated on the marriage of his daughter last month.

Dr. Virgil M. D. Marcy, Cape May, who has been ill from overwork, has taken a trip to the Canal Zone for recuperation.

Dr. Edward Mulvany, Jersey City, had his middle finger of left hand amputated recently on account of malignant disease due to X-ray burns.

Dr. Edward S. Hawke, Trenton, has been elected secretary and treasurer of the N. J. Alumni of the University of Pennsylvania. Drs. W. S. Collier, Enoch Hollingshead and G. N. J. Sommer were members of the executive committee in charge of the banquet at the Trenon House on the evening of April 28th. A large number of Trenton physicians attended. Dr. C. H. Dilts is president.

Dr. John C. Loper, Bridgeton, was reappointed medical inspector of schools by the Board of Education recently at the salary of $600 per year.

Dr. Martin I. Marshak, Bayonne, delivered a lecture recently before the Electro-Dynamic Co. of Bayonne, on "Venereal Diseases."

Dr. Arthur W. Bingham, East Orange, was elected an elder of the Munn Avenue Presbyterian Church last month.

Dr. William H. Lawrence, Jr., Summit, has resigned as a member of the Union County Mosquito Extermination Commission on account of the pressure of his other work.

Dr. Frank M. Mikels, Greystone Park, addressed the men of the Morristown Y. M. C. A. April 1 on "Mental Hygiene."

Dr. Henry W. Nolte, Newark, is a member of the Essex County Grand Jury for the April term.

Dr. Edward B. Rogers, Collingswood, has been elected treasurer of the local Library Association and Drs. G. E. Day and T. W. Madden trustees for three years.

Dr. John W. Wade, Millville, has been elected president of the Cumberland County Mosquito Extermination Commission.

Dr. Enoch Blackwell, Trenton, who has been ill with grippe, has recovered.

Dr. William H. Iszard, Camden, recently celebrated his 70th birthday anniversary and at the same time with his wife the forty-ninth anniversary of their wedding.

Dr. Leo H. Joyce, Passaic, is driving a new Studebaker touring car.

Dr. James M. Reese, Phillipsburg, has been appointed by the Governor a member of the board of managers of the State Home for Girls.

Dr. Henry C. Symmes, Cranbury, medical inspector of the local schools, attended the N. J. medical inspectors' convention last month at Lakewood.

Dr. Cornelius Van Riper, Passaic, has recovered from his illness.

Dr. Gilbert Van Vranken, Passaic, has recently returned from California, where he spent the winter.

Book Reviews.

Medical Gynecology. By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of women, New York Post-Graduate Medical School and Hospital. Third Thoroughly Revised Edition. Octavo of 790 pages, with 150 original illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $5.00 net.

In a book dealing with the non-operative side of gynecology it is important that attention should be given to recent investigations into the internal secretions. Consequently the functions of the pineal gland, the thymus, parathyroids, thyroids, hypophysis, etc., occupy considerable space. The perusal of these chapters will suggest to the general practitioner the causes and a mode of relief for some of his obstinate gynecologic cases. The book maintains its previous good reputation and is valuable for ready reference.

A Treatise on Diseases of the Skin. For the use of advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Seventh edition, thoroughly revised. Octavo of 1250 pages, with 334 text-illustrations, and 33 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6.00 net.

This standard work has been extensively revised. Into the chapters on syphilis, leprosy, pelagra and ringworm have been incorporated the results of recent investigations. Some new diseases—purigo nodularis, granul oma pyogenicum, benign sarcoid and keratosis blenorrhagica,—are presented. There are a number of new illustrations and in all respects the volume is brought thoroughly up to date.

The Practice of Pediatrics. By Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital. Octavo of 878 pages, 139 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6.00 net.

This is emphatically Dr. Kerley's book and to one who seeks the opinion of a single eminent man on pathology, prognosis, diagnosis and treatment in pediatrics, this volume furnishes all that can be desired. It has been carefully revised and is quite fully illustrated.

Treatment of Chronic Leg Ulcers. a Practical Guide to Its Symptomatology, Diagnosis and Treatment. By Dr. Edward Adams. 122 pages. Cloth, $1.00. Published by The International Journal of Surgery Company, 100 William street, New York City.

A most excellent monograph on a common and rather intractable condition. We note with pleasure the writer's recommendation of Unna's pasteand his full description of its application. It well repays reading.

The Pathogenesis of Salvarsan Fatalities, by Dr. Wilhelm Wechselmann, Phys. Dermat. Dept., Rudolph Virchow Hosp. Berlin. Translated by Clarence Martin, M D., First Lieut. M. R. G , U. S., etc., St. Louis. The Fleming-Smith Co., Med. Publishers, St. Louis, 1913.

The users of salvarsan and its congeners will do well to study this little book. Salvarsan is a powerful agent and its beneficial effects must not be lost to mankind through fear of fatalities resulting from reckless or improper use.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam'd.	Passed.	Failed.
Albany, January	67	40	27
Colorado, January	8	8	0
Connecticut Homeopathic, Jan.	1	1	0
Florida, November	76	55	21
Indiana, January	12	11	1
Iowa, January	14	13	1
New Mexico, January	4	2	2
South Dakota, January	10	7	3
Vermont, January	5	5	0
Virginia, December	31	18	13
Washington, January	39	38	1

The Missouri State Board licensed sixteen through reciprocity in January and February.

Public Health Items.

Camden's Health Report.

Health Inspector Dr. John F. Leavitt reported 154 cases of contagious diseases during the month, scarlet fever being the most prevalent. The total was a big decrease over the corresponding period of last year, when over 300 cases were reported.

Epidemic of Measles at Nutley.

The Nutley Board of Education April 21st ordered the Yantakaw School in that town closed. More than seventy cases of the disease had been reported from that school, which accommodates 250 pupils.

Meningitis on Steamship.

The North German Lloyd steamer Berlin, which arrived at Naples on March 25 from New

York, was held at quarantine because of the presence of meningitis among the steerage passengers. The Berlin, which left here on March 14, carried several steerage passengers who were ordered deported from this port, and it is probable that the disease originated among them.

Extensive Vaccination in Burlington County.

There having appeared a case of small-pox in Pemberton, advices were sent out by the State Board of Health from the State House recently to the local boards of health of Columbus, Jobstown, Wrightstown, Sykesville and Pemberton, all located in Burlington County, to vaccinate all persons within the confines of those towns, as a preventive to the spread of small-pox.

The State Board has impressed upon the authorities that they must vaccinate all school children at once.

Diphtheria at the State Hospital, Trenton.

That the spread of diphtheria at the New Jersey State Hospital for the Insane was stopped by the efficient work of the State Board of Health is shown in the manner in which the State body acted after the first case was discovered. One of the patients was found to be suffering from diphtheria in the incipient state. Later another patient contracted the disease. Several more suspects were isloted and kept under observation. Dr. Henry A. Cotton, medical director, notified the State Board of Health and physicians were sent to the institution to assist Dr. Cotton in checking the spread of the disease. To prevent an epidemic the officials of the State Board made a culture test of more than 1,100 of the many hundred patients in the institution. This work required some time and was very tedious. It was found that only two of the patients had a mild attack of diphtheria.

Two More Small-pox Cases.

Two more cases of smallpox have recently come to light, making in all six cases that have occurred in New York during the past month. The finding of these last two cases had led Dr. Sigismund S. Goldwater to reiterate his warnings urging vaccination on all.

Aviation Deaths.

In a speech before the Aviation Club of London on March 20, Lord Lonsdale said that 407 aviators had been killed in various countries since 1910, and he ascribed this enormous mortality in large measure to the excessive use of alcohol.

Plague in Havana.

One death from bubonic plague was reported from Havana on March 26. This is the first death that has occurred, and no new cases have been reported. The Public Health Service is preparing to enforce rigorous quarantine regulations for passengers and freight from Havana for the United States.

River Bathing to Stop.

Health Commissioner Goldwater of New York has announced that the Health Department will not permit bathing in the Hudson, East or Harlem rivers about New York during the coming summer. No permits will be issued to keepers of bath houses along the water front. This action is made necessary by the foul condition of the water because of the enormous amount of sewage discharged into the rivers.

Sanitation and Vacations.

Many a person obeys the call, "back to Nature" with direful results, for when he gets in Nature's solitude he thinks he can disregard Nature's law. Sanitary habits are quite as important in the wilds as in the tenements. It especially grieves the heart of the sanitarian to note how frequently people contract typhoid fever at country, mountain or seashore resorts. The excess of typhoid fever in the autumn now goes by the special name of "vacation typhoid." The insanitary conditions found in many sparsely settled communities temporarily occupied during the summer season often challenge the conditions found in military camps during the bow-and-arrow age. Before people leave the sanitary security of a well-guarded city for vacation grounds, they should demand a bill of health from the health officer.—M. J. Rosenau in Vermont Medical Monthly.

Anti-Typhoid Vaccination Advised.

The New York Health Department has just issued through the daily press a warning regarding the danger of contracting typhoid fever while in the country. The Bulletin of the Department states that the preparation of the typhoid vaccine has been so perfected within recent years that the number of marked reactions is small and anti-typhoid inoculations now need cause no more disturbance than the average smallpox vaccination. The department, therefore, strongly urges all physicians to advise patients who are about to go to the country to submit to this simple and effective protective measure. Anti-typhoid vaccine, prepared after the formula of the United States Army, can be obtained free from the Department of Health.

Quarantine and Individual Inconvenience.

It is neither the province nor the intention of the Department of Health to give an individual or the public the preference over the other in quarantine matters. This does not always seem so from the individual's point of view in cases of communicable diseases. While quarantine may, in some instances, result in personal inconvenience and often in hardships, yet the safety of the community must be the first consideration. The same measures which work an apparent hardship also serve as a protection. This is a well-established principle in public health administration and has been upheld by the courts. The convenience of the few must be subjected to the safety of the many.—Buffalo Sanitary Bull.

Scotland exhibits the same phenomenon of a falling birthrate as has been reported from time to time in The Journal for England. The rate for 1913 was 25.5 per thousand, the lowest yet recorded, being 28 per cent. less than the rate for 1876. The excess of births over deaths was 47,476, being 2,903 less than in the prev-

ious year, 4,487 less than the mean of the natural increases of the preceding five years, and 6,199 less than the mean of those of the preceding ten years.

Tobacco Smoking and Mental Efficiency.

A test made on fifteen men by Dr. A. B. Bush, of Burlington, Vt., and reported in the N. Y. Medical Journal, Mar. 7, 1914, showed that tobacco smoking produces a 10.5 per cent. decrease in mental efficiency. The greatest actual loss was in the field of imagery, 22 per cent. The three greatest losses were in the fields of imagery, perception and association. The greatest loss, in these experiments, occurred with cigarettes. Nicotine was found in the distillates of all tobaccos tested. Nicotine was not found in the smoke of any tobacco, except that of cigarettes, and then only in traces. Pyridine seemed to be the principal toxic factor in the smoke.

Ignorance of Midwives.

The midwife seldom knows the laws of the State requiring her to report such cases (ophthalmia neonatorum). She is generally unacquainted with the Board of Health and its functions. The one medical authority with whom she is familiar is the general practitioner of either her own nationality or her neighborhood. To him she resorts when the condition becomes such that her professional standing with the family or the neighborhood is questioned, but she usually goes too late. While statistics show that not all cases of blindness from neglect of "babies' sore eyes" are attributed to midwives, the history of too many cases in which blindness has been averted by constant and skillful treatment after the disease has developed shows a midwife originally in charge, but as having been driven by her own fear or the sentiment of her community to a specialist or hospital for treatment.—Marian A. Campbell, in Ohio State Med. Jour.

Controlling Hookworm in the South.

The annual report of The Rockefeller Sanitary Commission, with headquarters at Washington, indicates that as a result of the work done under the direction of the boards of health of eleven Southern States, 480,951 persons were microscopically examined during 1913. This means that more than 1,573 persons were microscopically examined for each work day during the year; an increase of 60 per cent. over the record of any previous years. In the central and field laboratories there have been examined to date 858,377 persons. The number of persons treated during the year is given as 186,277, an average of 616 persons treated for each working day; a reduction of 14 per cent. from the record of 1912. Considering that the number of persons examined shows an increase of 60 per cent. and that the number of persons requiring treatment a reduction of 14 per cent., these figures are significant. Of the 186,277 persons treated during 1913, 66,317 were treated and reported by practicing physicians, and 199,960 persons were treated by members of the staff. The total number of persons treated to date is 539,107. Infection surveys, based on the examination of a minimum of two hundred country children taken at random between the ages of 6 and 18 years, have been made in 413 counties. A total of 415,250 rural children have been examined, an average of 1,005 per county. The percentage of infection found among them was, for those examined prior to 1913, 55 per cent.; for those examined up to December 31, 1913, 43 per cent.—a reduction of 12 per cent. in the degree of infection recorded. Sanitary surveys have been completed in 501 counties, based on the inspection of an average of 378 homes to the county, a total of 189,586 homes inspected. Of these, 95,988, or 50 per cent., had no kind of a privy. Progress in sanitary reform is not as rapid as one might like to see it. It is encouraging to note, however, that although the cost of installing sanitary closets means a considerable item to the poorer families, improved closets are being built at homes and at schools.—A. M. A. Journal.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, March, 1914.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending March 10, 1914, was 3,592. By age periods there were 551 deaths among infants under one year, 229 deaths of children over one year and under five years and 1,263 deaths of persons aged sixty years and over.

A slight decrease is shown in most causes of death, making a total of 169 deaths less than one preceding month. The number of deaths from scarlet fever is above the average, due to the general prevalence of the disease throughout the State.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending March 10, 1914, compared with the average for the previous twelve months, the averages being stated in parentheses:

Typhoid fever, 14 (22); measles, 38 (19); scarlet fever, 45 (18); whooping cough, 29 (35); diphtheria, 54 (48); malarial fever, 1 (1); tuberculosis of lungs, 348 (302); tuberculosis of other organs, 44 (45); cancer, 166 (178); diseases of nervous system, 323 (315); diseases of circulatory system, 583 (472); diseases of respiratory system (pneumonia and tuberculosis excepted), 342 (210); pneumonia, 420 (253); infantile diarrhoea, 43 (194); diseases of digestive system (infantile diarrhoea excepted), 170 (210); Bright's disease, 273 (253); suicide, 28 (37); all other diseases or causes of death, 671 (677). Total, 3,592 (3,289).

Bureau of Contagious Diseases and Sanitary Inspection—Reports of Communicable Diseases for February, 1914.

There were 2,611 cases of communicable diseases reported during the month of February, 1914, an increase of 441 cases over the number reported during the corresponding month in 1913.

The number of cases of certain communicable diseases reported from each county in the State is shown as follows:

Typhoid Fever—Atlantic, 4; Bergen, 7; Burlington, 7; Camden, 8; Cape May, 0; Cumberland, 0; Essex, 5; Gloucester, 0; Hudson, 6; Hunterdon, 1; Mercer, 2; Middlesex, 1; Monmouth, 3; Morris, 3; Ocean, 1; Passaic, 1; Salem, 0; Somerset, 1; Sussex, 0; Union, 8; Warren, 2. Total, 60.

Diphtheria—Atlantic, 11; Bergen, 29; Burlington, 16; Camden, 23; Cape May, 1; Cumberland, 6; Essex, 232; Gloucester, 2; Hudson, 113; Hunterdon, 4; Mercer, 18; Middlesex, 44; Monmouth, 10; Morris, 4; Ocean, 1; Passaic, 36; Salem, 0; Somerset, 1; Sussex, 2; Union, 30; Warren, 2. Total, 585.

Scarlet Fever—Atlantic, 15; Bergen, 29; Burlington, 53; Camden, 19; Cape May, 4; Cumberland, 3; Essex, 318; Gloucester, 14; Hudson, 122; Hunterdon, 6; Mercer, 72; Middlesex, 31; Monmouth, 6; Morris, 2; Ocean, 4; Passaic, 21; Salem, 8; Somerset, 16; Sussex, 2; Union, 33; Warren, 4. Total, 782.

Tuberculosis—Atlantic, 12; Bergen, 21; Burlington, 10; Camden, 36; Cape May, 0; Cumberland, 5; Essex, 189; Gloucester, 6; Hudson, 151; Hunterdon, 3; Mercer, 37; Middlesex, 21; Monmouth, 11; Morris, 8; Ocean, 1; Passaic, 58; Salem, 0; Somerset, 9; Sussex, 0; Union, 42; Warren, 4. Total, 624.

Of chicken-pox the largest numbers reported were: Essex, 257; Bergen, 62; Union, 57; Camden, 46; Hudson, 33. The total number reported, 541.

Scarlet fever has continued prevalent. The number exceeds by 210 the reported cases for the month of February, 1913, and is slightly in excess of the number reported during the month of January in the present year. New cases have occurred in every county in the State and in some localities the disease has been of a malignant type resulting in a high mortality rate.

Diphtheria was reported from every county but Salem, and the number of cases reported exceeds that for the corresponding month in 1913 by 96 cases.

Typhoid fever was reported from sixteen out of the twenty-one counties, 60 cases in all against 44 in February, 1913.

Bacteriological Department.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 552; tuberculosis, 621; typhoid fever, 180; malaria, 21; miscellaneous specimens, 90. Total, 1,464.

Division of Food and Drugs—Laboratory of Hygiene.

During the month ending March 31, 1914, 578 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

The following samples examined were found to be below standard: 23 of the 230 of milk; 5 of the 83 of butter; 1 of the 7 of beverages; 1 of the 23 of cream; 3 of the 20 of extract ginger; 1 of the 7 of lemon extract; 2 of the 5 of vinegar; 2 of the 6 of camphorated oil; 1 of the 2 of hair tonic; 2 of the 10 of hydrogen peroxide; 8 of the 34 of lime water; 15 of the 36 of spts. camphor; 26 of the 34 of tincture iodine; 2 of the 4 of toilet water; 9 of the 34 of witch hazel, and 1 of vermin exterminator.

All of the following articles examined were found to be above standard: The 12 of olive oil; 4 of oleomargarine; 2 of salad oil; 5 of sausage; 2 of vanilla extract; 7 of wine, and the one each of clam juice, fish anchovies canned, ground ginger, jelly, liquid rennet, cough mixture, Fowler's solution, liniment and scalp lotion.

Thirteen samples of oysters were examined during the month.

Nineteen suits were instituted against dealers whose articles were found to be below standard.

Days spent in court by chemists during the month, 18.

Bureau of Creamery and Dairy Inspection.

During the month 211 inspections were made, as follows: 147 dairies; 27 creameries; 4 milk depots; 33 ice cream factories.

Number of dairies scoring above 60 per cent. of the perfect mark, 79; scoring below 60 per cent. of the perfect mark, 53. Dairies relinquishing the sale of milk, 15. Ice cream factory licenses recommended, 6.

Fourteen cow stables were disinfected on account of having housed tuberculous animals. These stables were located as follows: Hunterdon, 1; Mercer, 1; Middlesex, 2; Monmouth, 1; Morris, 1; Sussex, 7; Warren, 1. Nine dairymen were given a specified time in which to improve their methods in handling milk. These dairies supply milk to the following municipalities: Atlantic City, Burlington, Perth Amboy and South Amboy. The production and sale of milk was prohibited on four dairies, the milk from which was distributed in Atlantic City and South Amboy.

The license issued to one creamery in Salem County was revoked by order of the board, owing to the gross carelessness of the proprietor in handling the milk in his possession. Owing to the exposure of ice cream to very serious contamination, the license issue to one establishment was revoked and the manufacture of ice cream prohibited.

All milk dealers who have apparatus for pasteurizing milk have been notified of the adoption of a rule by the board requiring the equipment of all machines with devices for holding milk for 20 minutes at a temperature of 145° F. When the process of pasteurization is performed by this method, it will afford protection from pathogenic organisms, and will prevent the sale of milk which has been improperly pasteurized. At the present time there are sixty-eight establishments in the State which claim to pasteurize milk.

Owing to a popular demand, the board has adopted the score-card used by the United States Department of Agriculture, and in future this card will be used in rating dairies. This card has the advantage of a separation of dairy conditions into "equipment" and "methods." The score for "equipment" indicates a sufficiency of the tools used in dairy work, while the score for "methods" gives an accurate idea of the way the dairyman uses his equipment, and indicates whether he has practiced right methods.

During the month ending March 31, 1914, 141 inspections were made in 47 cities and towns, the largest numbers in any single towns having been: Trenton, 23; Newark, 21; Jersey City, 14; Hoboken, 8; Camden, 7; Atlantic City, Hackensack, Millville, Montclair, New Brunswick and Paterson each 3 inspections.

During the month the following articles were examined, but no samples were taken: Milk, 660; butter, 337; foods, 1,068; drugs, 477.

Other inspections were made as follows: Milk wagons, 244; milk depots, 18; grocery stores, 313; drug stores, 55; confectionery stores, 7; slaughter-houses, 14; meat markets, 21; liquor stores, 18; pickling works, 3; manufacturing establishments of toilet articles, 1; restaurants, 65; bottling works, 1; cold storage warehouses, 28; establishments where eggs are handled, 2; bakeries, 6; canning factories, 1.

MEAT INSPECTIONS.

Calves, 28 carcasses passed; cattle, 58 carcasses passed, 5½ carcasses condemned.

Bureau of Foods, Drugs, Sewerage and Water, Division of Sewerage and Water.

Total number of samples analyzed in the Water Laboratory, 219, as follows:

Public water supplies, 133; special public water supplies, 9; proposed public water supplies, 1; State institution water supplies, 5; private water supplies, 23; bottled water supplies, 1; dairy water supplies, 1; miscellaneous samples, 6; trade wastes, 4; sewage samples, 36.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Asbury Park, Bedminster, Bridgeton 4, Burlington, Dunellen 2, Elizabeth, Garfield, Gillette, Gladstone, Gloucester, High Bridge, Lambertville, Little Falls, New Brunswick, Point Pleasant 2, Rahway, Rahway (Middlesex Water Co.), Roebling 3, Skillman and Woodbury.

Bottled water supplies and proposed bottled water supplies inspected at Burlington and Trenton.

Watershed inspections at Gloucester, Hackensack and Pleasantville.

Sewage disposal plants and sewerage systems inspected at Allenhurst, Asbury Park, Atlantic City, Beach Haven, Bordentown, Bordentown (Manual Training and Industrial School for Colored Youth), Bridgeton 2, Burlington 2, Butler (factory wastes) 2, Collingswood 3, Cresskill, Deal (Deal Golf Club), Keyport, Lincoln, Loch Arbor, Long Branch 2, Manasquan, Maurice River (drainage ditch), Medford, Moorestown 3, Neptune Township 2, New Milford, New Providence, Ocean Grove 2, Overbrook, Plainfield, Point Pleasant, Princeton 3, Ridgewood, Sea Girt (State Camp), Sea Side Park, Sharptown (creamery wastes), Smith's Landing (Atlantic County Hospital for the Insane), Smithville, Spring Lake, Stone Harbor, Summit, Vineland and Woodstown.

Stream inspections on the Delaware River and tributaries, Hackensack River and tributary, Passaic River and tributaries, Rahway River and tributaries, Raritan River and tributaries and Whippany River and tributaries:

Number of stream pollutions reported, 10; reinspections of stream pollutions made, 46; stream pollutions found abated, 16; notices to cease pollution issued, 4; cases referred to the Attorney-General, 10; plans for sewage disposal plants, sewerage systems and extensions approved, 12; number of plans for water supply systems approved, 5.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1914, the following articles have been accepted for inclusion with "N. N. R," those accepted during the current month being made prominent by the use of capitals:

H. M. Alexander & Co.: Typhoid Vaccine, Immunizing.

B. B. Culture Laboratory: B. B. Culture.

Farbwerke-Hoechst Co.: Amphotropin.

Fairchild Bros. & Foster: Trypsin.

Hoffmann-Laroche Chemical Works: Thiocol, Syrup Thiocol, Roche.

Hynson, Westcott & Co.: Phenolsulphonephthalein, H. W. & Co.; Phenolsulphonephthalein Ampules, H. W. & Co.

Merck & Co.: Cerolin.

H. K. Mulford Co.: Anti-Anthrax Serum, Mulford; Antistreptococcus Serum scarlatina, Mulford; Disinfectant Krelos, Mulford; Salicylos; Staphylo-Serobacterin; Strepto-Serobacterin; Typho-Serobacterin.

E. R. Squibb & Sons: Tetanus Antitoxin, Squibb.

Thiocol and Syrup Thiocol, Roche, readmitted to N. N. R. The advertisements of these articles to the public in the form of Sirolin having been abandoned here and abroad, the Council has readmitted Thiocol and Syrup Thiocol, Roche, to New and Non-Official Remedies. (See above.)

Since publication of New and Non-Official Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Trypsin, Fairchild.—A powder consisting of the proteolytic enzyme of the pancreas, separated to a considerable extent from the other enzymes and constituents of the gland and of a definite strength. Trypsin digests proteins and neucleoproteins in slightly alkaline media. Fairchild Bros. & Foster, New York (Jour. A. M. A., Mar. 7, 1914, p. 776).

Cerolin.—Cerolin consists of the fats, cholesterins, lecithin and ethereal oil extracted from yeast by alcohol. Experiments have indicated that the laxative action of yeast depends on the fats and lipoid constituents and that in skin affections these substances have the action of yeast itself. Hence cerolin, marketed in the form of cerolin pills, 1½ grains, is said to be useful in furunculosis, acne and in other skin affections. It is also said to be useful in habitual constipation, leukorrhea, erosions of the vagina and cervix and in similar diseases. Merck & Co., New York City.

Refined and Concentrated Tetanus Antitoxin, Squibb.—For description see New and Non-Official Remedies, 1914. Marketed in the form of syringes containing respectively an immunizing dose and a curative dose. E. R. Squibb & Sons, New York (Jour. A. M. A., Mar. 21, 1914, p. 931).

Typhoid Vaccine (Immunizing).—For description of typhoid vaccine see N. N. R., 1914, p. 259. It is prepared according to the method of the U. S. Army Laboratory. Marketed in ampule and syringe packages, each containing 500 million, 1,000 million and 1,000 million killed

typhoid bacilli. H. M. Alexander & Co., Marietta, Pa.

B. B. Culture.—A pure culture of Bacillus Bulgaricus marketed in bottles containing 90 cc. Intended for use in intestinal indigestion and for the interocolitis of infants. B. B. Culture Laboratories, Yonkers, N. Y. (Jour. A. M. A., Mar. 28, 1914, p. 1,014).

Thoughts for the Thoughtful.

The Creed of True Success.

To be honest; making money honestly or not at all.

To be fair; refusing to injure a competitor.

To be just; remembering that all must live.

To be kind; regarding employees as something more than an investment.

To be charitable; giving liberally for the upraising of humanity.

To be healthy; exercising as a duty.

To be sociable; having a side to friends not known to all.

To be lovable; being more to wife and family than merely a means of support.

To be sympathetic; fearing littleness of soul more than littleness of fortune.

To be broad; accumulating resources higher than the material.

Above all, to be true, true to one's self, condoning nothing in self that you condemn in others.—David R. Forgan.

Look to Future.

Never mind the past except to profit by its mistakes. The past is in many things the foe of mankind; the future is in all things our friend. For the past has no hope; the future is both hope and fruition. The past is the textbook of tyrants, the future the Bible of the free. Those who are solely governed by the past stand, like Lot's wife, crystallized in the act of looking backward and forever incapable of looking forward.—Marryat.

"I Do Not Know."—While Maimonides could be so positive in his opinions with regard to a subject on which he felt competent to say something he was extremely modest with regard to many of the great problems of medicine. He often uses the expression in his writings. "I do not see how to explain this matter." He quotes with approval from a rabbi of old who had counseled his students," Teach thy tongue to say, 'I do not know.'" In this, of course, he has given us the best possible evidence of his largness of mind and his capacity for making advance in knowledge. It is when men are ready to say, "I do not know," that progress becomes pissible. It is very easy to rest in a conscious or unconscious pretense of knowledge that obscures the real question at issue. A great thinker who lived in the century in which Maimonides died, Roger Bacon, set down as one of the four principal obstacles to advance in knowledge—indeed, as the one of the four that hampered intellectual progress the most—the fact that men feared to say, "I do not know."—Walsh, Makers of Medicine.

"Dinkle says he doesn't know what to do with himself when his wife's out of town."

"I'm not surprised. However, he knows what to do with himself when she's in town, because she tells him."—Birmingham Age-Herald.

We all have to learn in one way or another that neither men nor boys get second chances in this world. We all get new chances till the end of our lives, but not second chances in the same set of circumstances, and the great—the very great difference between one person and another is how he takes hold of and uses his first chance and how he takes his fall if it is scored against him.—Thomas Hughes.

Tact in Not Taking Offense.

Some of our greatest successes are scored in the things we do not do. But we are apt to look out for positive achievements only, and so we fail to realize how effective we may become through purely negative accomplishments. In the matter of tact, many people are quite deficient, because they suppose that it consists mainly in doing just the right thing to others. All of us can look back upon one situation after another whose memory is a grief to us, and realize that there would have been no trouble at all if only we had not taken offense. The whole affair would have died out, and never been thought of twice, if only we had been a little more flexible and taken ourselves and our rights and our dignity a little less seriously. We made an issue of something which in more tactful hands would have turned out to be a mere ripple. Why could we not have let it all pass, why did we ever make much of it, is the question we ask ourselves about many such a failure in tact.—Selected.

Love, it is said, is blind, but love is not blind. It is an extra eye which shows us what is most worthy of regard. To see the best is to see most clearly, and it is the lover's privilege.

Humor is to our existence what oxygen is to the air we breathe. It is the best disinfectant that science has not discovered. A sense of humor is the real philosopher's stone, turning to gold all the little worries of life, especially those of others.

We are never given easy things to do, nor simple lessons to learn. Our duties are rarely pleasant. Life is a daily opportunity to express our highest and best and some of us fail. But the lesson, bitter though it may be, is offered again and again until we ring true to the call. Then, having learned some of the more elemental things, larger issues are presented as further tests and training of our character. Only in this light is life, with all its conflicting problems, made intelligible.

Life is not made up of eating and drinking, of working and sleeping, or of the interests and the pleasures which compose so considerable a part of the common day. Nor does it consist in the abundance of the things which we possess. It is not contained within the limits of any journey by land or sea. We rush about with heads down, upon this errand and upon that, but overhead are the reminding stars. All in the midst of the stars, as in the midst of all our most customary experiences dwells the Divine.

Good health really rests with us, and it only requires a little care to keep ourselves strong

and well. If we want health, we must live a healthy life. The capacity to make the best of things, helps us along life's rugged road wonderfully. Some are born with it, but others have to acquire it. But how? Well fresh air and exercise. Regular employment. Interest humanity. Broad-minded sympathies.—Grace Goodhouse.

Facetious Items.

"I've been wondering about you," said one lawyer to another, meeting him on the street.

"What were you wondering about me?"

"Well, I've heard you address a jury and I have thought that you were the most eloquent man in Cleveland. Then I've heard you make an after dinner speech at a banquet and you were—pardon me—pretty rotten. Now, how is that?"

"I'll tell you. When I'm talking to a jury my dinner depended on my speech. When I'm talking to a bunch of diners I've already had my dinner."—Cleveland Plain Dealer.

"Are you much hurted, Tim?" inquired a friend. "Do ye want a dochter?"

"A dochter, ye know nothin'. After being runned over be a throlley car? Phwat Oi want is a lawyer."

"Mamma, I'se got a stomach-ache," said Nellie, six years old.

"That's because your stomach is empty; you've been without your lunch. You'd feel better if you had something in it."

That afternoon the pastor called and, in the course of conversation, complained of a very severe headache. "That's because its empty," said Nellie. "You'd feel better if you had something in it."

The farmer looked at the stranger and shook his head.

"What d'ye call yourself?" he asked.

"The Orpheus of the barnyard," replied the caller.

"What'n Tophet is that?" demanded the agriculturist.

The stranger smiled.

"A college professor has declared that hens will not lay at certain seasons unless they are amused. I'm the man who sits on a barnyard fence and amuses them. See, here is my mouth organ, and here is my tambourine. I play and sing and crack jokes until the hens roll over in sheer delight—anl all for 50 cents an hour."

The farmer eyed him moodily.

"I wonder," he said, "how your talents would impress the dog? Here, Rover!"—Cleveland Plain Dealer.

An old colored man, charged with stealing chickens, was arraigned in court and was incriminating himself when the judge said. "You ought to have a lawyer. Where's your lawyer?"

"Ah ain't got no lawyer, jedge," said the old man.

"Very well, then," said His Honor, "I'll assign a lawyer to defend you."

"Oh, no, suh; no, suh! Please don't do dat!" the darky begged.

"Why not?" asked the judge. "It won't cost you anything. Why don't you want a lawyer?"

"Well, jedge, Ah'll tell you, suh," said the old man, waving his tattered old hat confidentially. "Hit's jest dis way—Ah wan' tuh enjoy dem chickens mahse'f!"

—Pittsburg Chronicle Telegraph.

"Your business college for young ladies seems to be all right."

"It is all right."

"Do you give the girls a good practical business training?"

"In reply to that question I can only say that 60 per cent. of our graduates marry their employers the first year."—Louisville Courier-Journal.

A Sunday school teacher was quizzing her class of boys on the strength of their desire for righteousness.

"All those who wish to go to heaven," she said, "please stand."

All got to their feet but one small boy.

"Why, Johnny," exclaimed the shocked teacher, "do you mean to say that you don't want to go to heaven?"

"No, ma'am," replied Johnny promptly. "Not if that bunch is going."—Delineator.

"P'taters is good this mornin', madam," said the old farmer making his usual weekly call.

"Oh, is they?" retorted the customer. "That reminds me. How is it that them you sold me last week is so much smaller at the bottom o' the basket than at the top?"

"Waal," replied the old man, "p'taters is growin' so fast now, that by the time I get a basketful dug the last ones is about twice the size of the first."

A farmer rushed up to the home of a country doctor in the village late one night and besought him to come at once to a distant farmhouse.

The medicine man hitched up his horse and they drove furiously to the farmer's home. Upon their arrival the farmer said:

"How much is your fee, Doc?"

"Three dollars," said the physician in surprise.

"Here y'are," said the farmer, handing over the money; "the blamed liveryman wanted five dollars to drive me home."—Popular Mechanics.

"What does your mother do when things go wrong?"

"She just takes it out on pa."

"And what does your sister do?"

"She hops on to pa and ma both."

"And what does your father do?"

"It's different with pa. He don't dare say much to ma and sis, and so when he gets mad he just takes it out on the street railway company and the beef trust."—Detroit Free Press.

Insulted.—A bachelor who was very bald fell in love with a pretty widow whose late husband's name was Robin. One evening the bachelor dropped in to have a cup of tea with the widow. After tea was over she commenced to sing "Robin Adair."

The bachelor picked up his hat and said:

"Madam, even if your husband did have hair, it is no fault of mine that I haven't."

Then he fled.

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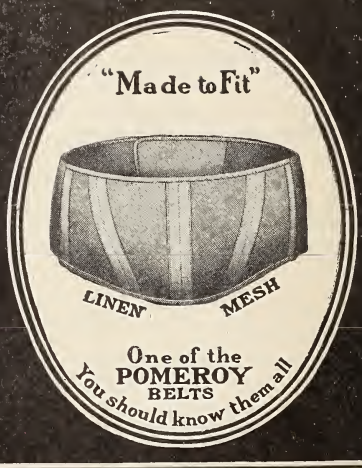

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DON'T FORGET THE DATE OF THE

ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

JNE 29, 30, AND JULY 1, 1914, AT THE NEW MONMOUTH HOTEL, SPRING LAKE

DON'T FAIL TO ATTEND—BRING THE LADIES.

BONE AND JOINT SURGERY.*

By George H. Sexsmith, M. D.
Bayonne, N. J.
Surgeon of the Bayonne Hospital.

This branch of surgery has caused the medical profession, in general, more worry and anxiety than any other, and the imperfect results obtained in the treatment of bone and joint injuries, whether avoidable or not, have caused more criticism and ridicule of our profession by the public than in any other class of cases. The cause for this criticism and ridicule is due to the fact that the cases of deformity and incapacity resulting therefrom are ever before the public eye, while the imperfect results in the abdominal surgical cases are hidden away under silkworm gut sutures, or the Michel clips. The worry and anxiety of the attending surgeon has been due, first, to the ever existing possibility of non-union in fractures and deformity or incapacity in fractures, dislocation and bone diseases, and, second, to the liability of legal entanglements which we all know occur so frequently in these cases. As surgeons—and we must and do acknowledge ourselves to be surgeons when we undertake the treatment of bone and joint diseases or injuries—we are disposed to look upon these cases less seriously than we should. This is probably due to the fact that the life of our patient is not, as a rule, endangered; but the only object in the practice of our profession, we must remember, is not to preserve life alone, but also to preserve the usefulness and efficiency of those coming under our care, and we all know how possible it is, through a lack of care or ability or possibly both on our part with bone or joint injuries and diseases, that our patients may be permanently, partially or completely incapacitated. As Dr. Cotton has well said, "Injuries to and about the joints and of bones constitute one of the most doubtful fields of surgery, a field strewn with wrecks, the products of mistakes and of unavoidable difficulties, prolific in resulting actions at law—such actions based only too often on unavoidable uncertainty or error."

Among the men that practice medicine in general, but a few consider or declare themselves surgeons, but all, or practically all, are willing to undertake the treatment of fractures or dislocations, as well as diseased bones or joints, without the aid or protection, in many cases, of a consultation.

In the matter of abdominal surgery, the general practitioner, when confronted with reasonable evidence of a surgical abdomen, is quick to call a consultant to his aid, and when the diagnosis is made, is equally ready to place his case in the hands of what he considers a competent surgeon. Again, the abdominal surgeon, before taking upon himself the risks and liabilities connected with an operation requiring the opening of

*Read before the Hudson County Medical Society, April 7, 1914

the abdomen, spends considerable time in assisting older and more experienced surgeons in their work, that he may be able to do justice to his patients as well as to himself when he operates, but in the matter of injuries and diseases of the bones and joints, too often the young and inexperienced physician shoulders the heavy responsibility of reproducing a normal or useful limb after an injury sufficiently severe

Fig. 1. Compound fracture of lower end of humerus with dislocation of elbow joint: laceration of soft spots; extensive posteriorly; external condyle fragment unreduced because of possible injury to nerves and vessels during reduction; operation performed at time of injury.

to produce a fracture or a dislocation, or in some cases, both combined.

In referring to the young or inexperienced physician, I am not claiming for myself an unusual experience in this class of cases, but I am trying to convey the impression of a lack on the part of the profession in general to appreciate the liability and risk to both patient and surgeon in the treatment of even what we know is a simple fracture or dislocation, to say nothing of the complicated cases of injuries and diseases, and that we too often take upon ourselves this responsibility without being fortified by the advice of some other physician or surgeon.

Of the legal cases in which members of the medical profession have to be defendants, a very large percentage are brought on account of deformity or incapacity, resulting from the conditions upon which this

Fig. 1. (a)

paper is founded. Curiously enough, this dangerous field has been rather inadequately surveyed. A century ago, more or less, a peculiarly acute group of observers, mainly English with a few Germans and French, wrote on this subject most admirably. Since then. we have largely copied old data, save for the excellent work of Gurlt, of Hamilton and later of Stimpson. A decade ago, the X-ray came to our aid, and we might say sometimes to our confusion. We

*Dr. Frederic J. Cotton on "Dislocations and Joint Fractures."

re fortunate to-day in not only having the -ray as an accessory of diagnosis, but in aving as a result of this diagnostic ethod and of a vast array of observations ade directly at operation, material for deuctions, not accessible to a previous genration. Wisdom did not begin with this eneration, but we have an unusual opporinity to learn. Our opportunities in the ast decade have put us in a position where e advance of the next decade must necesarily be great and must therefore, with roper study and experience, give us a reater degree of personal skill in diagosis both in operative and non-operative treatment. There is bound to be a more thorough recognition of the fact that each fracture is a mechanical problem in itself so far at least as reduction is concerned. The more we study fractures and luxations, the more we see how definitely they fall into series of roughly constant types, but these types are not constant in detail, and the ancient custom of treating a fracture with a given form of reduction or putting it up in the same certain kind of splints is no longer adequate practice. Greater opportunity gives greater responsibility, and our opportunity to-day, or at least to-morrow, must involve us in the obligation of having our work tested by results as well as by intentions. This does not mean that results must be anatomical. Perfect functional results give a much better criterion as a rule. Damage to any machinery, human or otherwise, does not increase its efficiency, and in the human machinery, we cannot replace parts. Many breaks and dislocations do damage that is absolutely irreparable; many do damage entirely unrecognizable at the time without the aid of the X-ray, and even then for many such conditions, we cannot be held responsible in any way. Imperfect results must be common. Mistakes must occur and will occur in the practice of the best, but I can see that the day has passed when we can defend ourselves by falling back on what some eminent surgeon has said in the last century. The surgeon of the present day, as has already been stated, has a decided advantage in the care and treatment of fractures, dislocations or bone diseases over the surgeon of even 25 years ago, in that we have now to aid us in our diagnosis and treatment the X-ray, which at least makes it possible to make a positive diagnosis, and in many cases enables us to be certain of the position of the parts fractured or dislocated, thus again making it possible for

Fig. 2. (The same as Fig. 1.) Ten weeks after operation, with nails removed, showing flexion and extension possible; function good; patient doing his usual work after four months.

us to apply our splints or supporting apparatus accurately, and to diagnose bone diseases, ankylosed joints, etc. Again, we have most able men who have, during the last 10 or 15 years, given a good part of their life principally to the study of this subject, as in the case of MacEwen, Lane, Murphy, Scudder, Cotton, Albee and many others.

As to the present treatment of fractures, compared to the last generation, we find that great advances have been made, as in the case of Mr. Lane, who has devised and was the first to use the metal plate for fastening the fractured parts of bone together, and of Dr. John B. Murphy, who has been most prominent in the field of bone grafting and arthroplasty, and Dr. Albee of New York, who now holds a prominent place in his treatment of Potts' disease of the spine and bone grafting, and last but not least, MacEwen, who has given us such excellent and thorough teaching on the principles of the growth of bone. While we must know that the average physician or surgeon will still continue to treat the fractures that come under his care with the splints, whether of wood, plaster of Paris or metal, we cannot but realize that we are better prepared with our present-day teachings and facilities to treat our fractures and dislocations successfully in a larger number of cases, even though we are possibly not able to take up the promiscuous use of bone plating and bone grafting.

After watching Mr. Lane in his use of the plates in the treatment of fractures during the last summer, I realized more than ever the dangers unless your asepsis and technique are perfect, of converting the simple fracture into a compound one, and expecting to get universal good results. Mr. Lane has no hesitation in plating the bones in the most recent simple or compound fracture, if, for instance, he knows that the compound fracture has not been contaminated by the foolish interference or examinations of the unskilled and careless physician; but while he can, with his wonderful skill, technique and asepsis, operate on these cases with impunity and with the best results, I feel that the patient under the average surgeon runs a great deal less risk if he is treated by the old-fashioned splint than by use of the metal plate or bone graft, except, of course, in cases where it is found impossible to keep the fragments in a position that is likely to insure union, and then, I believe a period of 10 to 12 days should elapse before the plate is applied or the bone graft is used. The reasons for thi delay of from 10 to 12 days, are that th tissues in and around a fracture, on accoun of the laceration and bruising, have littl power of resistance to the germs of infec tion during the first few days after the in jury; but after some 10 to 12 days, natur has so far protected itself against germ in vasion in and around the injury (or, as Dr Murphy terms it, that nature has coffer

Fig. 3. Fracture of ulna, with dislocation of head of radius, causing almost complete loss of function; operation six months after injury.

dammed the tissues), that infection is very much less likely than it would be immediately after the injury.*

In the treatment of fractures, I will speak only of the simple and compound, as these are the two principal divisions. We will take up the compound fracture first because a compound fracture that is badly managed leads to more unfavorable results than a simple fracture that is badly managed. In a simple fracture, you may get faulty union or failure of union with deformity, but you

*Dr. John B. Murphy's Clinics.

have not usually materially hazarded the patient's limb or life at any part of the process. A compound fracture, on the other hand, is not only dangerous to the limb, but dangerous to life. In the treatment of every compound fracture, it is essential to get the parts in the best possible position, but it is much more essential to

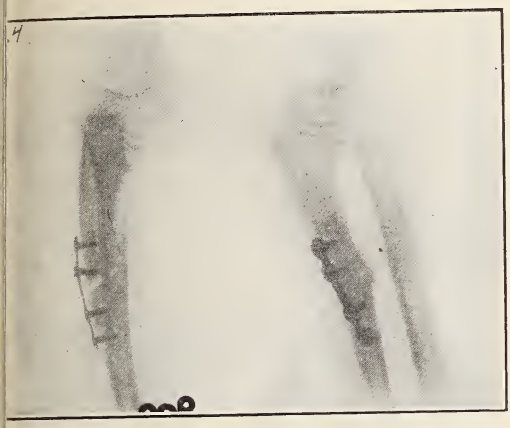

Fig 4. (The same as Fig. 3.) Six weeks after operation; good union and functions, but head of radius still out of place, although at time of operation dislocation was reduced and annular ligament shortened.

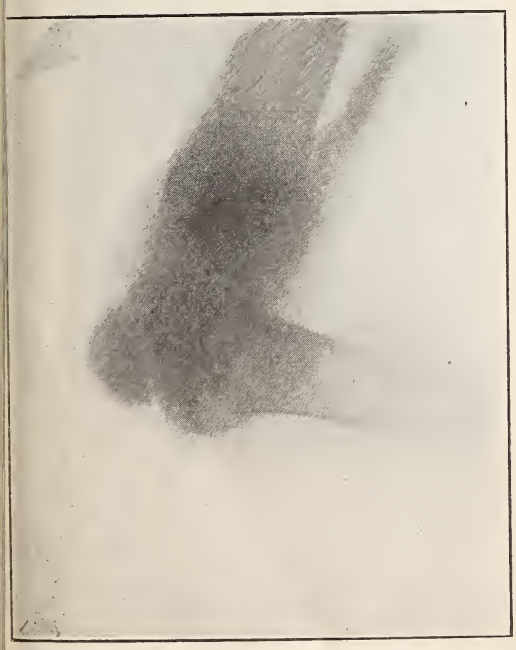

Fig. 5. Tubercular knee joint of long standing; disintegration of cartilages, ligaments and ends of bone; dislocation of tibia backward; great amount of pus.

convert such a fracture into a simple one regardless of the deformity. Union of the soft parts comes first; apposition of the fragments of bone, second, in compound fractures.

The first and essential step is the primary preparation. Great harm and often failure is produced by needless and meddlesome handling and examination of the injured parts, which is often done through thoughtlessness and to satisfy a curiosity as to the extent of the injury. We should be careful to make no examination which would necessitate the putting of the fingers or instruments or any other material into the wound. There should be no scrubbing, shaving or cleansing of the surrounding soft parts except in cases where oily substances are found on the skin, which can be removed by benzine, but which should not be allowed to enter the wound. The painting of the skin around the wound with the tincture of iodine is sufficient so far as antiseptic precaution is concerned. The only use of instruments allowable in the wound would be in the removing of loose fragments of bone and in the trimming of the edges of the skin in cases where it is bruised sufficiently to cause a slough. The soft parts should then be brought together by the use of either silkworm gut or horsehair sutures, the latter being preferable un-

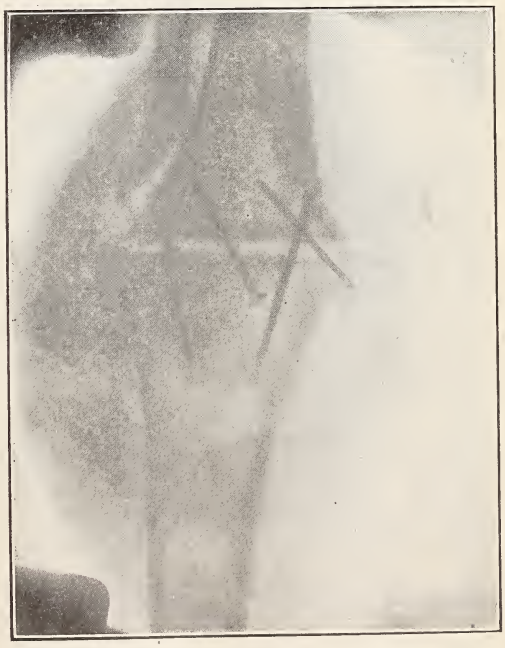

Fig. 6. (The same as Fig. 5.) Operation October, 1912; nales are still in place; no pain or tenderness; leg 1¼ inches short; patient gained 40 lbs.; following usual occupation.

less there is considerable tension, in which case the silkworm gut would give better results. The wound should then be covered with a large 5% carbolized gauze dressing sufficiently thick and heavy to soak up all of

the discharges, and the limb should be put at rest in splints best suited to the part injured; no re-dressings should be made for a period of 10 days unless symptoms such as a rise of temperature, which would indicate sepsis, should occur. A rise of temperature to 101 or 102 during the first 48 hours need cause no alarm, but after this length of time such temperature should abate if the wound is clean and has not become infected. At the end of from 10 to 12 days, we can feel quite sure that we have no longer a compound fracture, but in place a simple one, and then the dressings can be removed and reapplied, as also can be the splints, as required for the best treatment of the fractured limb. If, on the other hand, after 48 hours, there is a rise of temperature, the dressings should be removed and one or two stitches taken out to allow the escape of fluid which may have been prevented from draining out into the dressings, and may be the cause of the rise in temperature, which will often abate after this escape of fluid; but if, after another 12 hours, the temperature still continues to be above 101, it will be necessary to open the wound and, with sterile gauze swabs, remove all fluid and blood clots as far as possible. I would then pour into the wound a moderate amount of tincture of iodine, and pack the opening lightly with sterile gauze. We now have to deal with septic conditions and will be guided in our after treatment largely by our temperature curve.

If, on the other hand, the fracture has become a simple one, we are then justified, as I believe we are in all simple fractures, to await developments, if our fragments are in apposition, hoping for union and the production of a useful and well-formed limb.

There are cases where exceptions should be made to this plan of treatment of simple fractures, and these are: first, where it is found by examination with the X-ray that the fragments are not in apposition, and second, where it is found to be impossible to keep the fragments in apposition by any form of splint or apparatus that we might use. I believe that we should then use, without hesitation, either Lane's plate, Albee's inlay bone graft or Murphy's bone graft in medulary canal. We should be guided in our choice of one of the above named open plans of treatment by the character and conditions of the case under treatment, but as I have already stated in this paper, I believe that the promiscuous use of the open treatment in cases of simpl fracture is not justifiable in the hands o the average surgeon, as past experience ha proven that in a very large percentage o simple fractures, we have gotten good re sults with the judicious use of splints an whatever other apparatus that has bee found necessary, and I believe that thi percentage of good results will be fa greater than would be the case with th general use of the open treatment in thes fractures.

There are many reasons given as th cause of non-union, in case of fractures and while some of these reasons have bee proven accurate at the time of a later op eration, in many cases no reason for th non-union has been found apparent at th

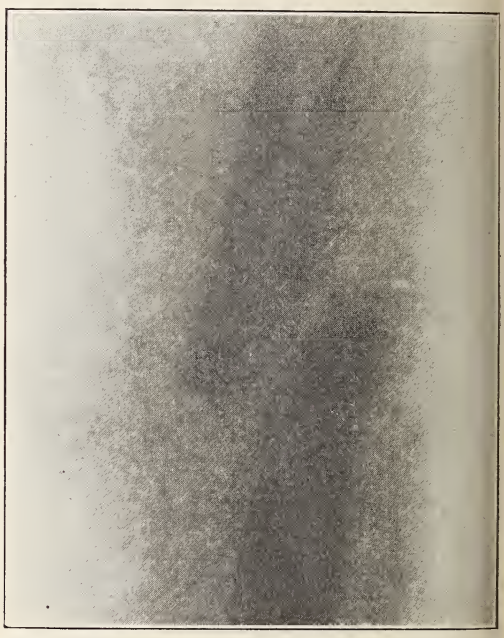

Fig. 7. Fracture of femur; usual treatment for two weeks, when X-ray showed this result.

time of cutting down on the parts. I believe that in the cases of non-union a very small percentage of good results will be gotten by the use of the Lane's plate, and that a more satisfactory and perfect result will be obtained by the use of the bone graft treatment, for, as we have good reason to believe in many cases of non-union, the fault in the process of repair is due to the failure of the osteogenetic forces of the bones implicated. That non-union of bones that are in apposition is due, in a large number of cases, to a fault in the osteogenetic forces, has been proven over and over again in that such fractures have been op-

ated upon with the use of the wire nail or e Lane plate in the same fracture at dif- rent times but with failure of union, when some later time, perfect results have en gotten in the same case by the use of e bone graft. I believe that the use of e Lane plate, wire nail or any other for- gn substance in the treatment of fractures thin a few years will be discarded and the ne graft treatment will be the only one ed.

The part that the bone graft plays in this ocess of repair, is, up to the present time, question, but it matters not whether this

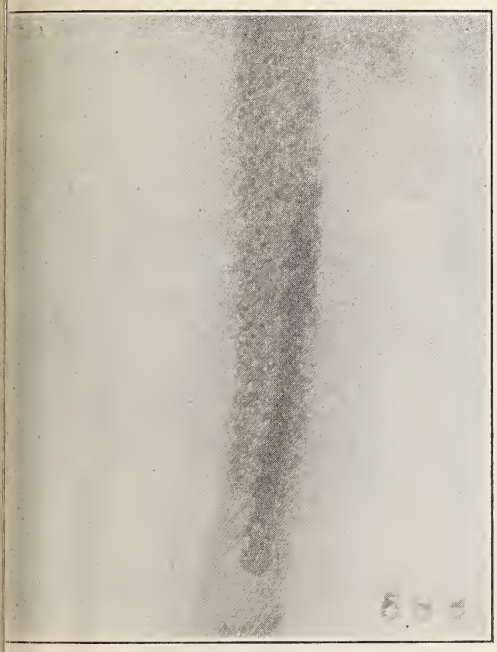

Fig. 8. (The same as Fig. 7.) Patient was ble to walk ten weeks after operation. On count of jagged ends of fragments case oved cause for failure to reduce certain frac- res by manipulation and extension. It was ry difficult to get perfect reduction even by en method.

aft remains as implanted and becomes a art of the repaired bone, as is claimed by ch men as MacEwen and Albee, or hether, as is claimed by Dr. John B. Mur- hy, that it acts merely as a scaffolding rough which the haversien vessels pass rough the haversian canals of the trans- lanted portion from one end to the other f the graft, which carry with them the steoblasts and the osteoclasts, which pro- uces the union; the transplanted part be- g sterile, dead bone, which is afterward bsorbed and in this way disposed of. As said before, which of these theories is the ue one is of little importance, so long as we get the desired results by the use of the graft.

I would like just here to mention a treat- ment that I have found very useful in cases of non-union of the long bones of the leg where good apposition with practically a transverse fracture has existed, and that is, after a period of 10 weeks with proper splinting, you find non-union to exist, to en- case the leg, whether it be above or below the knee, in a good, firm, leather legging, and then cause your patient to walk about on the injured limb. This leather legging may be replaced by a light plaster cast, but which, if used, is often more troublesome

Fig. 9. Fracture of external malleolus with outward dislocation of the astrogalus.

to keep in place, and cannot be removed while the patient is in bed, so that I prefer very much a strong, well laced, leather splint. In the cases in which I have used this treatment, I have found after a period of from 3 to 6 months, perfect union re- sulting, which I believe was due to the irri- tation and necessarily increased circulation produced around the fractured ends by the

friction caused by their rubbing together during the process of walking, and the necessarily greater outpouring of the osteogenetic elements required in bone healing.

In the matter of joints and their injuries, so far as the bones are concerned, we have to deal with dislocations and dislocations with fractures. To dwell upon the matter of dislocations for any considerable time or to rehearse the manipulations necessary in the reduction of such conditions would be hardly worth while, as the subject is most fully written upon in all books on surgery, so also in the matter of fractures in and about the joints, with or without dislocations, what I have written on the treatment of fractures would apply as well in and about the joints as elsewhere.

I would like to take up for a few moments the subject of diseases affecting joints; especially, would I mention the acute metastatic inflammations of joints due to the invasion of the joint with the streptococcic, staphylococcic, pneumonic, gonorrheal, grippe and other poisonous germs following an infection in some other part of the body, especially in the mouth and throat, except in the cases of pneumonic and gonorrheal metestasis. It is a quite well established fact that all non-traumatic, acute inflammations of the joint are metastatic manifestations of a primary infection in some other portion of the body, and that the old theory of acute, articular rheumatism as a systemic disease with this local manifestation due to uric acid or some other chemical poison is exploded. This is equally true of the slow-going forms of joint inflammations as gout, rheumatoid arthritis, etc., which are undoubtedly due to infection coming from the intestinal tract. In the severe, acute metastatic inflammations of the joints of the severer types, unless prompt surgical treatment is instituted, we have destruction of the synovial membranes, which is followed quickly by the disintegration of the cartilaginous covering of the bone ends and necessarily later a complete or partial ankylosis of the joint As to the treatment in severe metastatic inflammation of the joint, I most heartily endorse the directions given by Dr. Murphy, which are as follows: Aspiration of a portion of the fluid from the joint to be replaced with a little less than an equal amount of a 2% formalin and glycerine preparation which must be at least 24 hours old before being used, to be repeated every 24 hours for 3 days. He also emphasizes the importance of Buck's extension when the joints of the legs are implicated, wi the use of not less than 25 to 30 pound weight. The extension with weight ca also be used when other joints are affecte The injection of the two per cent. formal solution is for the purpose, of course, o destroying the germs present, and being le in the joint, forms a most unfavorable cu ture-medium. The weight and Buck's e tension is to prevent pressure on the joi surfaces, which otherwise will be prese as a result of the muscular contractio There are two principal causes for the d struction of the epitheleal covering of arti ular surfaces; first, high pressure by fluid as in the distended joint, and second, e posure of this covering to the open ai Once the epitheleal covering is destroye the prognosis must necessarily be bad. W will have an ankylosed joint, either as result of the fibrous growth between th denuded cartilages, or a bony union be

Fig. 10. (The same as Fig. 9.) Reductio of dislocation and nailing of malleolus; func tion good.

tween the denuded ends of the bones whic enter into the formation of the joint, or w may have both fibrous and bony ankylosis Of the milder forms of infection of th joints, many can be controlled and relieve by the use of the salicylates and other wel known drugs which act in these cases a germicides, but which in the severer form have only too often been relied upon to giv relief with the resulting destruction of th joint implicated, while if the above treatment have been used with the ju-

icious use of vaccines or serums, such results would have been avoided. As to the operation for the relief of these ankylosed joints which was first performed and described by Dr. John B. Murphy of Chicago, and which he, as well as others, has demonstrated without doubt to be a practical and most fortunate operation for those afflicted with this unfortunate condition, we have found a great deal of criticism in our surgical journals during the last few months, claims being made that the tenderness and pain existing in the joints after the operation, as well as the restricted mobility, and last but not least the great danger of infection in this most formidable operation would seem to be sufficient to prove that the benefits derived were not sufficient to overbalance the risk incurred. I believe

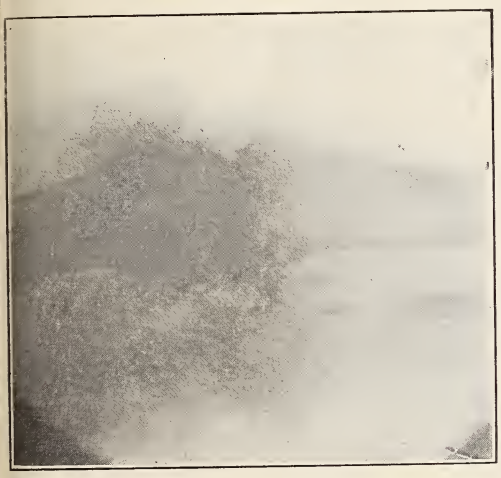

Fig. 11. Ankylosis of knee joint; patient had complete bony ankylosis of both knee joints, the patella being ankylosed to the femur in both cases; three years' standing; had bony union broken in both knees by an Osteopath while under ether, about one year before I operated.

that it is too early to give a definite and positive opinion as to the usefulness, or general benefits derived, from the arthroplastic operation. I also believe that the cause for failure is due in a large percentage of cases to a lack in the proper formation of the flaps used between the denuded bone ends, but especially in this operation, as in all open bone surgery, I believe that the principal cause for failure is due to a lack in technique and asepsis used at the time of operation. I also believe that there is no surgical operation where there is so great liability to infection as in these open bone cases. I make it a practice to not only wear the ordinary rubber glove, but over this a firm, cotton glove; neither do I ever place, or allow my assistants to place the fingers within the wound, using only instruments (and then never using the same instrument twice unless it has been boiled). With proper aseptic precautions, I believe that bone surgery can be made as safe and practical as the surgery of any other part of the body.

I will mention only one other form of joint disease, and that is tuberculosis of the joints. There seems to be no question as to the proper treatment, and that is the immobilization of the joint for a period of not less than 12 to 24 months, the result of which, unless put under treatment early, will be an ankylosis of the affected joint. As to these ankylosed tubercular joints, it is a question at the present time with the

Fig. 12. (The same as Fig. 11.) Injury done to bone ends by breaking of union by Osteopath evident at time of operation; usual orthroplastic operation; flaps from tissue about joint, patella turned upside down in both cases as can be seen by rough upper surface in cut; first operation March, 1913; second one September, 1913; patient is able to go about her home and do her usual work; complains of no pain or tenderness when standing or walking, although she weighs 200 lbs.; flexion in knee first operated 40 degrees; in second one operated 30 degrees. There continues to be a gradual increase in degree of flexion in both knees.

best authorities on this subject, whether it is ever advisable to take the chance of reproducing a movable joint which may possibly bring about a new and more energetic attack of the same disease. My own experience in this class of cases has not been very extensive. I operated on one case of ankylosis as the result of tubercular inflammation of the elbow joint, performing an arthroplastic operation, giving a useful and movable joint which has been used actively during the last year with no return of the inflammatory condition.

I find that time will not permit of my taking up the diseases of bones, a subject upon which a great deal can be said, and of which I feel at the present time too little is known. I will state, however, as to the

treatment in the acute inflammatory bone diseases that we should use the same procedures as we do in acute inflammation in other parts of the body; open up freely, using without hesitation the bone gouge or drill, going down to the infected point and give free drainage. This should be done early in the disease, and if this treatment is followed out, we will have quick and prompt recoveries in this form of inflammation.

In closing, I would like to mention a few important points in the treatment of fractures.

First: Always use an anaesthetic at the time of making a diagnosis or a reduction of fractures and dislocations, using as little manipulation as possible.

Second: Use as light a material for

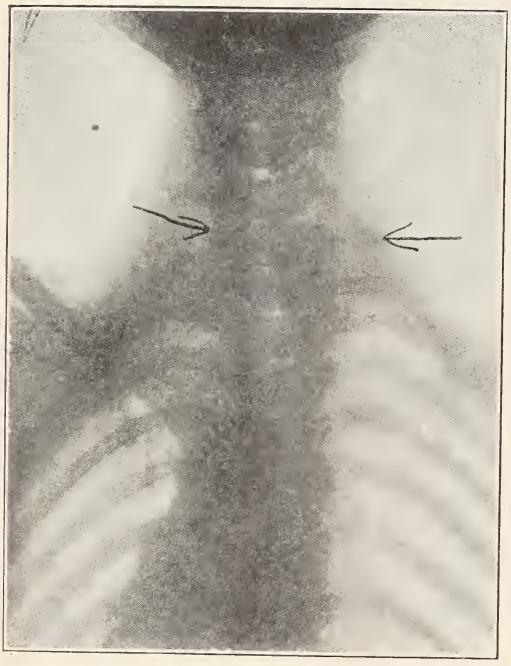

Fig. 13. Bilateral seventh servical ribs, with pressure symptoms on left side; operation giving relief from pain.
First arrow shows point where rib was resected.
Second arrow shows right rib, which gives no symptoms.

splints as is possible, and do not apply them too tightly; first, because of the pain and discomfort that might be produced, and second, because of the injury that might result from such a tight fitting bandage or splints.

Third: In the use of plaster of Paris bandages on fractures of the limbs, always, at the time of applying the splint, before it is thoroughly hardened, divide the splint throughout its full length to prevent what often is a harmful and most painful co striction of the limb.

Fourth: Remember that a fracture th is properly reduced and will not stay r duced without bandaging so tightly as t cause pain or swelling, can only be treate successfully by the use of the plate or bon graft.

Fifth: Always take into consideratio the age, physical condition and nervou temperament of your patient when treatin fractures, as many causes of failure hav been due to a lack of attention to these par ticular points.

CONCLUSIONS.

I consider fractures and dislocations o fractures combined with dislocations one o the most important branches of surgery.

That injuries and diseases of the bon system are not treated with the same scien tific care that other surgical cases are.

That the liability or responsibility of th surgeon is greater to-day than ever before in these cases.

That properly reduced fractures treated without operation by the average surgeon give better results as a whole than with the open treatment.

That the use of foreign substances in the open treatment will not give the same percentage of good results as will the bone graft.

That the principal danger and cause for failure in the open treatment is a lack in asepsis, and in the closed treatment is a lack of proper reduction of the fractured parts.

That when, for the reasons referred to, the open treatment is found necessary, it should not be done before 10 days have elapsed from the time of the fracture.

That the success in the treatment of compound fractures, depends entirely on the primary care and dressing.

That the germ theory as the cause of non-traumatic joint inflammations is the correct one.

That the arthroplastic operation properly performed will, in a good percentage of cases, prove successful.

That with proper technique and asepsis, open bone surgery can be made as safe and practical as any other.

I wish to express my appreciation of the assistance I have received from Dr. Homer W. Axford. To him I am indebted for the radiographs.

Calcium sulphide, ¼ grain every two hours, is very useful in beginning boils, carbuncle, or in any acute suppurative condition.

Clinical Reports.

Appendicitis Cases—Pituitary Extract In.

Dr. Thomas W. Harvey, Orange, reported ese cases in a paper published in the Medical ecord.

Case I.—C. N., July 20, 1913. Gangrenous ppendicitis, drainage. Three hours after operion morphine and atropine given by hypo ermic for severe abdominal pain. The pain eturning, pituitary extract was given twice first twenty-four hours; the patient had atery movements with gas the next morning. he drug was given once a day for two suceeding days, causing free expulsion of gas and lief of pain.

Case II.—J. N., September 1, 1913. Suprative appendicitis; gangrenous appendix. atient had a peritonitis following operation ith vomiting and abdominal pain. This paent had two hypodermics of morphine and vo of pituitary extract with relief of sympms after the first forty-eight hours. In both these cases peritonitis was so marked as to equire the Murphy drip and the Fowler posion.

Case III.—P. L., September 14, 1913. Adnitted in a condition of collapse following upture of a large appendical abscess. Ave cardiac stimulation with Murphy drip and ne small dose of morphine was given immedately; pituitary extract was given in twelve ours and again in twenty-four hours after peration; gas was passed from the bowels and here was great relief of abdominal pain and omiting. Patient had a stormy convalescence, aving a septic pneumonia, but his recovery rom his general suppurative peritonitis was ery rapid and satisfactory. This patient was bout the sickest patient with peritonitis that I ave ever seen recover. He was practically ulseless at the time of operation, which was a imple incision with drainage, and for twenty ours required constant stimulation. The adninistration of the pituitary extract and the tarting up of peristalsis I am sure turned he scales toward recovery.

ntracranial Complications in Purulent Middle Ear Disease.

Reported by Dr. E. Danziger, in a paper pubished in The Amer. Jour. of Surgery, February, 1914:

Clara F., 48 years of age, widow, had an atack of grippe December 16th; four days later pain in right ear. On December 26th I saw her for the first time, found an acute purulent otitis media; paracentesis done immediately.

January 7th, 12 days later, she presented herself in my office with a temperature of 101.5° and a history of two chills within the last three days. Pain on pressure over antrum and tip. Proper drainage of bone pus. January 8th, mastoid operation. Bone bleeds properly, no free pus in cells on antrum.

January 9th, temperature around 100° in the evening. Following a chill temperature went up to 105.2°. Blood culture tube shows after 36 hours streptococcus. Differential blood count 22,000, polys 87%. Exposure of sinus from knee to knee, careful incision of bulbar end results in free bleeding from below, no bleeding from above, where the sinus wall is of a dirty grayish color; exposure of the sinus further back until it looks normal; splitting of the sinus results in a sudden gush of blood. Jugular vein is ligated and found not to be thrombosed.

January 13th, face on the side of jugular ligation swollen and cyanotic, patient rather restless and not quite rational. January 14th, temperature up to almost 14°, blood cultures still positive; differential blood count 20,000 whites, 75% poly. Dressing removed, shows the neck wound clean. Sinus incision closed; in an attempt to reopen it free hemorrhage from above. January 16th, temperature up to 103°. January 17th, temperature ranges from 100.2° to 100.8°. Blood culture is now negative.

January 27th, temperature ranges around 100°, patient doing well; shows a slight exophthalmos on the ligated side. Patient discharged as cured after two months. Cyanosis and exophthalmos have disappeared.

Brain Abscess.

A case of brain abscess with obscure symptoms due to Pfeiffer's bacillus and a staphylococcus and involving the white matter of the angular and interparietal lobes and the left optic thalamus, is reported in detail by C. E. Reynolds, Los Angeles, Cal., in the Journal A. M. A., February 7. The early symptoms, besides headache and vomiting, to which the patient was subject, were verbal amnesia and inability to use the right word. Later the symptoms became more severe and included a slight paralysis of the right upper limb and beginning optic neuritis of the nasal side of each disk appeared. Operation was performed and two small abscesses drained. Death occurred from the formation of a third abscess cavity on the thirteenth day after the operation. The case, he thinks, indicates the importance of early exploratory operation in doubtful cases of intracranial disease before optic neuritis has developed. He thinks if the operation had been done earlier in his case the patient might have been saved.

Procidentia; Operation; Bullet Found.

Dr. C. A. L. Reed reported this case at a recent meeting of the Cincinnati Academy of Medicine.

The case is a very recent one, and therefore, I have no regularly prepared report of it. A woman, thirty-five years of age, came into K Ward of the Cincinnati General Hospital afflicted with procidentia, for which I operated. In her history occurred the incident of having received a bullet-shot in the back three and a half years ago. A search was made for the bullet at that time, but to no avail. A radiograph also failed to reveal the presence of the missile. However, in this operation, I found a hard substance in the cul-de-sac of Douglas which proved to be the missing bullet. It had perhaps deflected into the pelvis, becoming first sacculated back of the peritoneum, then pedunculated, the pedicle being two and a half inches in length and very slender. You have here a dried shred of peritoneum which comprises the pedicle, and at the end of it, the little sac in which the bullet is encysted.

Foreign Bodies in Stomach.

A case of marked tolerance of the stomach to foreign bodies is reported by W. O. Wilder, Pittsfield, Mass., in the Journal A. M. A., February 7. The patient, a carpenter, began to swallow nails in 1908 and later indulged in a diet of knives, cigars, etc., which were sometimes vomited up and sometimes passed by the bowel. He said that he was accustomed to swallowing dog chains of four feet length and women's neck chains of similar length. These were usually redrawn from the stomach. For four or five years he had suffered from pains in the abdomen which had lately become more severe. He was much emaciated; the stools were regular and contained no blood. There was no tumor, but an extremely tender spot in the upper left-hand quarter of the stomach, where the Roentgen ray showed an irregular shadow. An incision through the left rectus, above the umbilicus, was made, a gastric adhesion to the abdominal wall freed and a nail found pointed through a small perforation. After walling off with gauze the perforation was enlarged so as to admit the hand and two keys, two twelvepenny nails and 130 other nails and pieces of wire were removed from a pouch-like distention of the cardiac end of the stomach. Recovery was uneventful.

Removal of Entire Stomach.

Dr. Trinkler, Germany, reports a case and summarizes twenty-five cases he has found in the literature in which the entire stomach was removed, with recovery of thirteen of the patients. The mortality was 57.1 per cent. in the cases in which the duodenum was united with the esophagus, but only 28.5 per cent. when the junction was between the esophagus and the small intestine. In his case he sutured the duodenum to the esophagus without difficulty, reenforcing the suture behind with a flap of omentum and leaving the front of the junction unsutured except to the lips of the skin wound. This permitted oversight of conditions and feeding; he intending to suture this fistula at a second sitting but the patient succumbed to inanition the eighth day. He thinks that this two-sitting technic offers many advantages. He credits the first attempt at total rescetion of the stomach to Connor, but Schlatter's in 1898 was the first successful operation of the kind. Five other surgeons in the list are Americans.—Jour. Am. Med. Ass'n.

Pancreatic Cysts.

Dr. H. B. Robinson, in the British Medical Journal, March 28, reports three cases of pancreatic cyst, which were operated on successfully and which were of different types, the first an isolated cyst in connection with the back of the head and the other two of the prepancreatic or peripancreatic variety. The first, apart from other features, was of interest from the viewpoint of the diagnosis. The possibility of the existence of an enlarged gall bladder was considered, but the freedom of the cyst from the liver and its apparently deep and retroperitoneal situation made this improbable. The two other cases had much in common clinically. In Case 3, the cyst pushed its way forward between the stomach and the transverse colon, perhaps in the more usual directio In Case 2, the cyst projected above the sto ach, pushing it downward and toward the le They were both what Korte, Osler, and othe have described as "pseudocysts," but not that form to which the same term is also a plied in which the effusion occurs primarily int the lesser sac of the peritoneum. The ons of both was attended by acute symptoms, star ing without any apparent cause, and both we associated with destructive changes in the glan tissue.

Radium in Carcinoma.

S. Louesey, New York (Journal A. M. A April 11), reports a case of disseminated ca cinoma of the breasts in a man which had laste for a number of years and which was greatl improved by the application of radium. Treat ments were made three times a week for month and after that once a week and at eac treatment several individual nodules or part of the nodular borders of the ulcers receive an application equal to a total of fifteen min utes in each place. A month's treatment o the right side caused very marked improve ment both in the local manifestations and i the general condition. At the same time th cancerous lesions on the untreated left side als improved, strengthening Tousey's belief tha the application of the Roentgen-ray and rad ium to cancer develops some antibody whic is carried through the system and in prope dosage benefits other foci beyond its immediat influence. The treatment was then begun o the left side and the case has since been one o steady progress for betterment or recovery.

Excision of Rectum for Cancer.

Reported by Dr. G. S. Hanes, of Louisville and published in the Kentucky Medical Journal

The patient that I present to you to-night i 57 years of age. There is nothing in his famil history that relates in any way to the conditio that I shall report.

About two years previous to his operation h felt a small nodule on the posterior rectal wal just above the internal anal orifice. It was no long until he was convinced that this tumor wa increasing in size. He consulted a number o doctors who were by no means of concordant opinions as to the nature of his trouble. Fistula, hemorrhoids, tuberculosis, innocent tumor syphilis and cancer were all suggested. On account of so much diversity of opinion among regular medical men he decided to try advertising cancer doctors. They all told him he had a suspicious growth that could be easily removed and as evidence of their skill they exhibited large numbers of preserved tumors which were products of their craftiwork.

I saw him on November 12th, 1911. He had lost about 25 pounds, was very much constipated, had a great deal of pain and was very nervous. The tumor had grown down and involved the perineal floor between the coccyx and the anus. It had extended up on the posterior rectal wall about two inches and had encircled the rectum just above the internal anal orifice. There was almost complete obstruction and the tissues were broken down just posterior to the anus. After several days' preparation, he was operated on November 25th,

911. An incision was made on either side of he tumor and anal structures from the coccyx orward to the urethral bulb. The tumor, to-ether with the sphincter muscles, were separ-ted from the surrounding structures; the leva-or ani was divided on either side and the ectum was dissected loose up to its junction ith the sigmoid. The gut was divided at this oint and a rubber tube three-quarters of an ch in diameter was sewed into the proximal nd of the bowel. The perineal floor was closed nd the distal end of the tube projected below t the original site of the anus. Liberal drain-ge was provided for in the anterior and pos-rior angles of the wound.

He had comparatively no shock after the peration and but little pain. For the first three r four days drainage was profuse. The bladder as irrigated every day for two weeks with arm boric acid solution. In ten days he was alking about in his room and two or three ays later he was out in the hall. He remained the infirmary for almost a month. He is ow in good health, has regained his weight nd expects to resume his former occupation e first of next month. He has a normal de-re to evacuate the bowel and can easily con-ol the inclination until he is conveniently situ-ed for the bowels to act. He has had no ason to take anything to regulate his bowels nce early in January. In fact, he claims to ave almost as good control over his bowels as e has ever had.

Congenital Cystic Kidney.

Dr. W. R. Abbott reported this case at a cent meeting of the Cincinnati Academy of edicine.

Mrs. D., aged sixty, entered St. Mary's Hosp-al, January 15, 1914, because of large mass in bdomen. On admission was in semi-comatose ndition, so only history obtainable was dur-g lucid intervals. The swelling in abdomen as been present for years, and was gradually rowing larger, but gave no pain. Her only mplaint was weakness. On examination, a rge mass was found in abdomen, extending om the umbilicus to pubis. This mass could e easily outlined, and occupied the whole lower bdomen. Vaginal examination showed a rge mass in pelvis. Urine analysis revealed absence of albumin. Patient rapidly passed to state of complete coma and died at the d of forty-eight hours.

Post-mortem was made by Dr. J. T. Clear nd myself and revealed two large, cystic kid-eys, weighing together five pounds. Larger dney was fifteen inches in length, the smaller velve inches. The smaller was cut into sec-ons, showing every part to be cystic. The sts were filled with a thick mucilaginous ma-rial. The ovaries and tubes were in normal ndition. The liver also showed numerous n-point cysts. Michoscopical examination owed the kidney to be full of small cysts, hich were lined with epithelial cells. There ere no proliferations of cells into the cystic vities. These cysts in places appeared to be lations of the renal tubules. There was a ight increase in the interstitial fibrous tissue. he glomeruli appeared to be normal.

Cystic kidneys are rare, but there is con-derable literature on the subject. They are found at all ages, but most frequently in early infancy or after middle age. There are several theories as to their etiology, but none of them are satisfactory. The theory of epithelial hyperplasia has been advanced, but the microscope does not verify this theory. Virchow advanced the theory of uric acid infarcts, so common in the newborn, but this is disproved by the fact that these are rare during intrauterine life. The most plausible theory is that of congenital malformations; the cases which die in early infancy show as complete a development as those which die later in life.

Primary Carcinoma of the Epiglottis.

Emil Mayer, M. D., New York, reported in the Virginia Med. Jour. Primary cancer of the epiglottis is a rare disease, and up to the present time the treatment has consisted of surgical intervention or the use of radium and the x-ray. I have seen two cases of cancer of the epiglottis. The first case was diagnosed as probable malignant disease of the epiglottis, and the subsequent history was that of primary epithelioma of the larynx with subsequent metastasis, laryngectomy, and death. The second case was that of a man, 64 years of age, who consulted me for some slight difficulty in swallowing, especially the swallowing of cold liquids. His general condition was good. Examination showed some edema of the uvula, and numerous small white spots on the tongue and inner surface of the cheek. The condition was diagnosed as leukoplakia buccalis. He gave no history of lues. After treatment he improved somewhat, but this did not last, and some six or seven months later there was discomfort in swallowing, a nasopharyngeal catarrh, and the white patches still present. There were no other evidences of a diseased condition in the throat. About three weeks later a new condition presented itself on the laryngeal surface of the epiglottis. There was a deep ulceration surrounded by a thickened mass. The pathologist pronounced this cylindrical celled carcinoma. Here I had a case of carcinoma of the epiglottis in its earliest stages. The epiglottis was removed, after the patient had been anesthetized and the suspension laryngoscope placed in position. There was little bleeding at the time of the operation, but twenty-six hours after the patient began to expectorate large quantities of blood. This bleeding was checken by the application of ice internally and by sprays of peroxide of hydrogen. He left the hospital in ten days. This was the first operation of its kind ever performed under the ingenious suspension laryngoscope of Killian.

Vaccine Anaphylaxis.

Dr. R. Wallace, in the A. M. A. Journal, reports an unusual case of this condition in a woman aged 53, who had been treated for furunculosis three years before and effectively cured by four doses of antistreptococcic vaccine. The patient asked for a repetition of the treatment for boils from which she was suffering at the time seen, and an injection of fresh stock vaccine, containing 100,000,000 streptococci, 400,000,000 staphylococci, and 200,000,000 colon bacilli was given. There was only a slight local reaction and considerable improvement followed. On the eighth day a double dose of

the same was administered and within a few hours a scarlatinal rash appeared which finally involved the entire body without, however, producing any constitutional disturbance. The condition was not an exanthematous disease nor was the eruption related to parenteral protein digestion. The condition was treated by catharsis and alkalies and the eruption gradually faded away, but was so intense and indurated that it left considerable fissuring of the skin in the flexures and a mild desquamation in many parts.

Deformity of the Spine Possibly of Congenital Origin.

Dr. L. E. C. Norbury, in the Proceedings of the Royal Society of Medicine, reports the case of a girl aged five and a half who was brought to the Belgrave Hospital with history of pain beneath the left costal margin of some two or three weeks' duration. On examination: Healthy-looking child. Prominence of lower dorsal and first lumbar spinous processes. Slight mid-dorsal lateral curvature with convexity to the left. Movement of spine good. No pain elicted on "jarring" spine. No alteration in length of limbs. No abnormal physical signs in chest. Von Pirquet's reaction slightly positive. X-ray examination revealed wedge-shaped condition of first and second lumbar vertebræ, and the interval between these was less than between the bodies of adjacent vertebræ. The skiagram suggested the presence of an extra lumbar vertebra.

Massive Coagulations of the Cerebrospinal Fluid.

Drs. R. Debre and J. Paraf, in La Presse Medicale, allude to the rarity of this condition, twenty instances of which have been reported. They report the case of a girl aged 14 years suffering from tuberculous meningitis. The cerebrospinal fluid removed by lumbar puncture completely clotted in a few minutes. The authors point out that in the majority of cases in which the cerebrospinal fluid behaves in this manner, the patients present the symptoms of meingomyelitis or of spinal compression with paraplegia.

Acute Infective Hepatitis.

Dr. Francesco Rodano, in Revista Critica di Clinica Medica, states that this condition was first described as a complication of dysentery by Remlinger in 1900. The clinical picture closely simulates that of hepatic abscess, the differential diagnosis being revealed only on the operating table. The author reports a case of this condition in a girl aged twenty years. The temperature is remittent or intermittent, the liver is enormously enlarged, there is pain referred to this organ, and there is a leucocytosis with an excess of sudanophiles.

Bazin's Disease.

Sir Frederick Eve, in the Proceedings of the Royal Society of Medicine, reports the case of an unmarried woman aged 31 years in whom the trouble began as a hard swelling on the outer side of the left leg, which broke down and discharged. An ulcer formed, which gradually spread. When the author first saw her in March, 1913, there were two thin oval cicatrice on the outer side of the lower third of the le leg. At the lower and outer margin of thes cicatrices was a rim composed of irregula pit-like ulcerations covered with flabby granu lations. The general appearances were those c a serpiginous ulcer. There was also a ver small ulcer on the inner side of the same leg The patient appeared perfectly healthy, and Wassermann reaction was negative. The ulcer ated areas were excised and skin-grafts wer applied. At the same time the affected par was exposed to the X-ray. As a result of thi treatment complete healing took place. Late a few pit-like ulcers reappeared, but they heale after applications of pure carbolic acid an fomentations of 1 in 5,000 watery solution c biniodide of mercury, and the patient returne home. About three weeks subsequently th small ulcer on the inner side of the left le broke down again, and a sore appeared on th right leg. Small areas of the margins of th scars on the outer side of the left leg also brok down. While in the hospital she has bee treated by X-ray and has been kept in bed.

Case of Hereditary Lues.

Dr. Sara Welt-Kakels presented this case a the meeting of the N. Y. Academy of Medi cine, January 9th.

The patient was an infant six and one-hal weeks of age. The parents were apparentl perfectly healthy and denied having ever ha any venereal infection. They had been marrie three years and this was the third child. Th first child was still-born, and the second, ac cording to the mother's statement, died of as phyxia at birth. This infant had been delivere normally and was apparently well until tw weeks of age, when an eruption appeared an spread over the body. The eruption was crust and bleeding about the mouth and nose, an breathing was difficult. The liver and splee were enlarged, and the urine contained a con siderable amount of albumin. About 90 pe cent. of these cases showed that effect in th beginning. The Wassermann reaction wa strongly positive. As they all knew, there wa no hereditary lues of the child without syphili of the mother. Dr. Kakels said that it wa her custom to treat such children with bichlor ide in small doses. This method of treatmen had not been followed by diarrhea or blood i the stools. The dose was one milligram an not more than six or eight doses were given She did not administer the bichloride by wa of the mouth, but used deep intramuscular in jections. One should watch very carefully fo blood in the feces and for albumin in the urine

Calcium (5 per cent.) with sugar was an ex cellent adjuvant in these cases.

Intermittent and Unilateral Chyluria.

Dr. A. B. Davis, in The Amer. Jour. of Trop ical Diseases and Preventive Medicine, New Orleans, cites the following case:

The patient stated that she first noticed th change in her urine at about her fifteenth year near the time of her first menstruation; that i was not constant in its appearance, but th chylous condition would be absent for years a a time, and would reappear after any indulgenc in anger or emotion. Palpation has never re

ealed tenderness or enlargement of the left idney. The chyluria was absent for several ears, but reappeared at the death of her mother n years ago, and was present for several onths. It was present during the entire time f her first pregnancy, and for nine months ereafter. During and after her second pregancy, it was absent. There has been no noceable difference in the character of the night d day urine. September 13, 1913, the urine ad been clear for five days, and the general ealth was good. She was nursing her infant. 2) Acute dilatation of the stomach, following entral fixation of the uterus, long labor.

Hyperkeratosis Gonorrhoica.

Dr. Lange, in Deutsche Med. Woch., Berlin, ports a rare case of this general cutaneous utbreak of the gonorrheal virus. The first se was published in 1893 and quite a series f observations are now upon record. As a le we note a balanitis circinata as the essential anifestation; but the palms and soles are ometimes involved and occasionally other porons of the surface. The affection is usually tendant on a multiple gonorrheal arthritis. n regard to the varieties in localization Baerann would make two forms, one a generaled exanthem, and the other conglomerate sions on palms and soles, and especially beveen the digits, and under the nails. A case y the author brings out many of the points ade in Baermann's description and adds new nes. Thus a young man, already a victim of milial muscular atrophy was infected for the rst time with gonorrhea. Joint manifestations ppeared early, chiefly in the ankles, feet and es. The coincidence may be cited that his et were in the talipes equinus position as a esult of the muscular atrophy. The balanitis rcinata developed, and later upon the soles f the feet and toes appeared numerous efflorecences varying much in size which soon beame horny. The author does not believe the et would have shared in the outbreak had ot the deformity paved the way. No gonoocci could be found in the lesions.

Juvenile Paresis.

Dr. Peterson presented J. H., age 20. Errand oy. This patient was referred by one of the ye hospitals for opinion as to his mental status. he only symptom of which he complains is iling eyesight, but investigating his past life e find that birth was normal. He is one of ur living children, the others being in good ealth. He talked at 18 months. Walked at years. Started schooling at 5 years, but did ot progress very well. At 8 years of age bean to play truant frequently, but he learned to ead, write, and spell fairly well. At age of 10 egan to smoke cigars and take an occasional rink. His companions were always boys much lder than himself and not of the best moral haracter. There is an indefinite history of exessive indulgence in alcohol, but no direct coroboration can be obtained. Examination reeals a simple, expressionless facies. Test words oorly performed. There is considerable mental onfusion. Eyesight poor, practically no vision n right. Pupils are fixed and irregular, the ight considerably irregular.. The upper jerks re present as equal. The reflexes of the lower extremities were difficult to elicit, but being elicited are fairly active. The plantar responses are flexor. No clonus. Abdominals and epigastrics are present and equal. There is a general hypoesthesiæ to pain stimuli, and on first examination abolition of conjunctival reflexes.

Serology. Serum Wassermann positive. Spinal fluid Wassermann, positive 8 cells, excess of globulin, Fehling reduced. Routine blood examination negative. Gold chloride positive. Eye report Dr. Holden: No perception of light in right eye, L 5/200. L. marked concentric contraction fields. Simple optic atrophy R. > L. Binet-Simon test places boy at 8.2 years.

No subjective history of hereditary syphilis could be obtained, but mother has irregular pupils L. > R., fixed to light and shows a positive serum Wassermann.

Goiter in Syphilis.

Oscar Clark, Rio Janeiro, Brazil (Journal A. M. A., April 11), reports a case of exophthalmic goiter which he considers a late clinical manifestation of hereditary syphilis. The symptoms began in a woman aged 24, about five years before she was seen and the case gradually progressed until it became extermely aggravated. All three symptoms, the exophthalmos, tacycardia and palpitation were present, though the former was very slight. Dr. Moniz, a well-known Brazilian physician, who was called in, incited by the "Olympic forehead" (crane natiforme) of the patient and the history of epileptiform convulsions at the age of 12, tried the Wassermann test which was strongely positive, both in the patient and her mother. Laboratory tests excluded other conditions. The specific treatment was successful both in relieving the symptoms at once and also in a relapse a year later.

Friedrich's Disease.

Dr. J. Taylor reports the case of a man, aged 42, who had an unsteady gait for five years; no pains. Upper limbs not so accurate as formerly. No sphincter trouble; no ocular trouble. Articulation peculiar (?) Wiltshire accent. No ataxia; no scoliosis; no foot deformity; no anesthesia. Knee-jerks present, not so active as normally, but more active than on admission; extensor responses from both soles.—Proceedings of the Royal Society of Medicine.

Psoriasis in a Very Young Infant.

Dr. Haldin Davis, in the Proceedings of the Royal Society of Medicine, reports the case of an infant 8 weeks old, in whom the eruption appeared at the age of one month. A very large proportion of its entire body surface is covered with a figured erythema with scarcely any induration, but with a scaly surface. Where the erythema is limited by healthy skin it shows a circinate outline, suggesting the coalescence of circular patches. The face is involved and so also is the scalp, which when the patient was first seen was covered with a thick adherent crust. Most of the surface of the body and limbs is covered, but the extensor aspect is more affected than the flexor, although the exact points of the elbows and knees are not especially attacked. On the buttocks the eruption is complicated by the presence of a certain amount of napkin erythema. The diag-

nosis in this case lies between psoriasis and syphilis, but the latter is excluded by the following considerations: (1) The baby is perfectly well although it has had no antisyphilitic treatment. (2) There are no other signs suggestive of syphilis. (3) It is the youngest of four children, the ages of the others being respectively 11, 7 and 4. All of them are healthy, and the mother has had no miscarriages. (4) The Wassermann reaction, both in the mother and child, is negative. It is interesting to note that there is no history, as far as can be ascertained, of psoriasis in the family. In most other cases of psoriasis in early infancy there has been strong evidence of heredity.

Scarlatinal Measles.

In the British Medical Journal for December 21, James F. Blackett reports an instance of two children ill in the same bed, the boy having a well-marked scarlatinal rash on the body and the girl exhibiting a typical rash of measles, with blotchy face, injected conjunctiva, and so on. In the course of time the condition of both children improved for a while, and then again became aggravated, the girl this time developing scarlet fever, while the boy came down with measles. Dr. Blackett does not recall seeing any other case in which these two diseases have been so closely associated without any sacrifice of their individuality.

Abstracts from Medical Journals.

Pericarditis in Infancy.

Dr. P. Nobécourt believes that pericarditis is common in childhood. It should be looked for in cases of rheumatism, chorea, scarlet fever, and pneumonia. The pericarditis may be fibrinous, serofibrinous, hemorrhagic, or purulent.—Journal de Medecine de Paris.

Oral Sepsis—Its Medical and Surgical Aspects.

A discussion on oral sepsis in its medical and surgical aspects has been held at the Harveian Society and interested a much wider circle. Dr. Wm. Hunter opened by remarking on the importance of its association with wounds in the mouth, the anatomical disposition of the teeth rendering proximity of sepsis especially serious. So tonsillitis and chronic inflammation in the nasopharynx aggravate the danger of oral sepsis which often extends to the stomach and the septic gastritis thus set up may give rise to septic anemia. He regarded pernicious anemia as a distinct disease, but if complicated by a like disorder of septic origin treatment directed to the latter had led to greatly improved prognosis. He did not approve the wholesale extraction of teeth sometimes performed but looked for the extension of the antiseptic system to medicine as fully as it had been applied to surgery.—London Letter in Medical Record, March 21st.

Intratracheal Insufflation Narcosis.

Tracheal insufflation anesthesia offers the best available conditions for progress in surgery of the thoracic cavity.

Nitrous oxide and oxygen can be successfully exhibited through the intratracheal tube. Its already acquired reputation for safety plus the apparent ideal mechanical conditions for its use herein suggested opens a field for still further reducing the toxaemia of the anesthetic state.

Unfavorable results that have been reported have had their origin in easily remedied faults of technic. Use no force in the introduction of the tracheal tube.—Wm. C. Woolsey in the N. Y. State Journal of Medicine.

Resistance of the Bladder to Tuberculosis.

The bladder offers considerable resistance to attack by the tubercle bacillus, even when the mucous membrane is injured, as shown by experiments. Rovsing has demonstrated that tubercle bacilli, injected into the bladder and allowed to remain, often fail to produce a lesion. This explains how it is that in many cases of tuberculosis nephritis the bladder remains healthy. But if other pyogenic organisms, and especially those which decompose urea, are present, the resisting power of the mucous membrane is greatly weakened, and secondary infection is almost certain to occur.—David Newman, M. D., Glasgow, Med. Jour.

Syphilis of the Nervous System in Infancy, Children and Early Adult Life.

Conclusions of a paper by Dr. Wilse Robinson, Kansas City, Mo., in the Interstate Medical Journal, St. Louis.

1. Lesions of the nervous system secondary to congenital or early acquired syphilis are of quite common occurrence.

2. Those lesions secondary to syphilis which are acquired in infancy or early childhood do not differ in kind or degree from the lesions secondary to congenital syphilis.

3. There may be evidence of gross lesions of the nervous system secondary to syphilis and yet be no obvious symptoms or signs of syphilis.

4. By the aid of the Wassermann test of the blood or cerebrospinal fluid and by a cytological and chemical examination of the cerebrospinal fluid, many obscure conditions may be demonstrated as being secondary to syphilis in which syphilis may not be suspected and cannot otherwise be demonstrated.

5. Hydrocephalus, meningitis and convulsions during early infancy are very commonly secondary to syphilis.

6. The so-called idiopathic type of general epilepsy is not an unusual sequence of syphilis of the young. The Jacksonian type of epilepsy quite frequently occurs secondary to cortical lesions of syphilitic origin.

7. Lesions of the spinal cord other than tabetic are unusual in syphilis of the young.

8. States of mental defectiveness are very commonly caused by syphilis.

9. Any lesion of the nervous system occurring in the young is serious. This is especially true of those lesions occurring secondary to syphilis.

10. Some forms of meningitis, gummatous formations, epilepsy, pseudotabes and a few other conditions occasionally respond to treatment. Juvenile paresis and tabes do not yield to treatment.

11. The treatment should be anti-syphilitic and should be pushed to the limit.

Serum Sickness.

Dr. L. Axenow, in Jahrbuch fur Kinderheilkunde, Berlin, reported 683 cases that were observed at the children's hospital in St. Petersburg and all followed the treatment of scarlet fever with Moser's serum. In the course of seven and one-half years this form of serotherapy was applied in 1,200 cases, and serum sickness followed in 57 per cent. of them, not counting those who died too early for serum sickness to have appeared. It was much more frequent in children under five years of age than in older ones. There were twenty-one deaths (3 per cent.) due to serum sickness alone. There were thirty-seven others in which besides the serum sickness there were other complications of scarlet fever, making the mortality 8.5 per cent. The serum sickness increases the severity of the complications. Serum treatment for scarlet fever should, therefore, be used very cautiously and only in the severest cases. The symptoms are fever, enlargement of lymph-nodes, joint affections, edema, urticaria and albuminuria. The measures applied in prophylaxis were without result.

Gastric Ulcer and the Appendix.

There is now no longer any doubt in my own mind that the commonest site of a "gastric ulcer" is in the right iliac fossa. That is to say that in the majority of cases in which the most erudite teaching of the most astute German physicians would justify or compel a diagnosis of ulcer, the patient is suffering from a lesion elsewhere, and more often than not from a lesion in the appendix.—Six Berkeley Moynihan, Address in Surgery, Brit. Med. Ass'n., 1913.

Transplantation of Organs.

Dr. Alexis Carrel, New York, at the recent meeting of the International Surgical Association, spoke of the autoplastic transplantations of the kidney as having been performed with complete success in dogs. It was found that in most instances the animal remained in the best of health. A female dog that underwent a double nephrectomy and replantation of one kidney remained in perfect health, had a number of pups, and died of intercurrent disease almost two and one-half years after the operation. Microscopic examination of the kidney showed that it was entirely normal. By this and similar experiments it has been definitely proved that the extirpation of the kidney, its perfusion in Locke's solution, complete interruption of the circulation for from fifty to sixty minutes and the suture of its vessels and ureter does not interfere with its function. In homeoplastic transplantations of the kidneys the results are different; after six or seven days, albumin appears in the urine and the kidney becomes congested. After twenty-five days there is a great deal of albumin, and in one instant there was hematuria. After seven or eight months the albumin disappears, but the kidney is found to be in a sclerotic condition. When the animals undergo a bilateral nephrectomy they always die within a few weeks. It is possible that by using animals that are closely related, as mother and son, better results can be obtained. The present aspect of the problem is to find the causes of the reaction of an organism against a new organ and to discover by what means this reaction may be prevented and the organ become adapted to its new owner. Some of our experiments indicate that general infection in animals seems to prevent the reaction of the organism against the new organ, and it is thought that the factors which are instrumental in the reaction of the organism against foreign tissue are the same as those used to fight a general infection, and that when this mechanism is engaged in fighting a general infection the transplanted organs are able to become adapted to the new organism. The studies of James B. Murphy of Rockefeller Institute along this line make it seem probable that it is the action of the splenn and the bone-marrow which allow the organism to fight efficiently the foreign tissue which has been transplanted on it, and that when the action of these organs is less active a foreign tissue can develop rapidly after it has been grafted.

Dr. Mackenzie of Portland, Ore., in discussing the subject said: "I had a patient with Recklinghausen's disease five or six years ago who developed a tumor on the sciatic nerve. The operation consisted in a resection of the nerve below the gluteus maximus, which was followed by trophic disturbance in the limb. An anastomosis between the internal and external popliteals had a striking effect on the trophic disturbance. Several weeks later the external portion of the popliteal nerve was split and buried in muscle. The patient has recovered sensation and can walk with unaided locomotion.

Suprapucic Cystotomy Without Bladder Distension.

Dr. F. Lastaria, in Presse Medicale says:

In view of the fact that several deaths have followed distention of the bladder with air previous to cystotomy, the gas having been forced into the space of Retzius and entered venous channels, Lastaria does away with distention altogether and operates on the empty organ. The bladder is first washed out through a Nelaton catheter, then thoroughly emptied by suprapubic pressure. The patient is then placed in the Trendelenburg posture, sometimes with only slight inclination, and the incision made. The intestines tending to sag toward the diaphragm, a species of aspiration is produced in the pelvis, which causes the peritoneum to recede from the muscular layer and tends therefore to prevent injury to it from the surgeon's knife. By making pressure at the line of reflection of the peritoneum, or, if this is not visible, behind the upper border of the pubis, the umbilico-vesical fascia, which continues downward in the line of the parietal peritoneum after the reflection of the latter backward, is broken through and the operator can then freely retract the peritoneum from the bladder, which is easily recognized both through its anatomical position and its two parallel veins near the midline. The bladder is then opened. The author has carried out this procedure and two men aged seventy, without the least difficulty.

In determining between malaria and pyogenic infection as the cause of a chill and pyrexia a leucocytosis of 20,000 or less does not necessarily exclude paludism; it is sometimes found at the outset of a malarial attack.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

In place of the regular May meeting of the Atlantic County Medical Society the members were to have motored to Vineland, New Jersey, and, together with the Salem County Medical Society, to have been the guests of the Vineland Training School. Rain interfered with these plans, much to the disappointment of our members, who had looked forward with pleasure to a delightful outing. We sincerely hope to have another opportunity of this kind in the near future and trust the weather will not prevent us then from going.

On Tuesday afternoon, May 19th, the Society motored to the Country Club at Linwood for the annual outing. Baseball, golf and a splendid dinner at the clubhouse was the program. Thirty-two members attended and all voted the outing a success.

BERGEN COUNTY.

Fred S. Hallett, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, May 12th, 1914, 8.15 P. M. Vice-President Dr. J. E. Pratt occupied the chair, twenty-six members were presest.

The Scientific Committee presented the following program:

Dr. Otto A. Schultze, coroner's physician, New York City, on "Fractures of the Skull."

The doctor gave us some very interesting points in diagnosis and demonstrated his views with specimens. I regret that his talk could not have been reported for the Journal.

The June meeting of the society will be an annual dinner.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society held a regular scientific meeting on May 15th, when Professor Samuel J. Meltzer of the Rockefeller Institute, New York, made an address on "Resuscitation." It was a demonstration of his artificial respiration with his mouth tube and hand-worked valve, the air being supplied by a foot bellows. The dead body of a cat was used and afforded means for showing the efficiency of the method—rigor mortis being postponed by administration of magnesium sulphate—the mouth tube being simply inserted as far as the posterior wall of the pharynx. Dr. Meltzer was the originator first in animals of respiration by Intra-tracheal Insufflation (March, 1910), which was promptly applied for anesthesia also. Anesthesia by Pharyngeal Insufflation was promulgated by another investigator (Pinneo) in clinical surgery—F. W. Pinneo, June, 1911—as more universally applicable by an anesthetist. Following this, Dr. Meltzer, in May, 1912, published his present method, which was the subject of this address. Great interest in the subject and the doctor's remarks was manifested. Dr. E. Z. Hawkes, the president of the Society, entertained the guest and other friends at a dinner prior to the meeting.

The Academy of Medicine of Northern New Jersey held a stated meeting on May 20th, at which Dr. Gordon K. Dickinson, as retiring president, made the annual address, taking as his subject, "The Physician and His Practice," the tone of his address being a broad consideration of the many things which constitute the practice of medicine. Dr. E. D. Newman, as secretary, read the annual reports of the officers and the sections; five new dental members were elected, and two medical. The Section on Pediatrics held an excellent clinical meeting on May 8th, at which cases were presented by Drs. Murray, Teimer, Levy, Bumsted, Gray and Mead. The Section on Medicine also held a clinical meeting May 12th. The Section on Eye, Ear, Nose and Throat on April 27th elected as officers for the ensuing year Dr. E. S. Sherman, chairman, and Dr. H. C. Barkhorn, secretary; Dr. Wm. H. Haskin of New York read a paper on "Dental Sepsis." The Section on Surgery met with the Section on Gynecology April 28th and elected as officers for the ensuing year Dr. Sidney A. Twinch, chairman, and Dr. John T. English, secretary.

The Essex County Pathological and Anatomical Society held the closing meeting of the season on May 14th. The abounding importance and interest of Pathology, exemplified by the place this Society holds, was maintained in the work of the year, which closed with a program, as follows, of usual value.

Demonstration of Specimens: 1, Tuberculosis of Kidneys, Edgar A. Ill; 2, Mercuric Chloride Poisoning, H. Dukes; 3, Adeno-Carcinoma of Rectum, F. R. Haussling; 4, Teratoma of Testicle, C. R. O'Crowley.

Report of Cases: 1, Thrombosis of Cavernous Sinus, W. P. Eagleton; 2, Intra-dural Hemorrhage, C. C. Beling.

Demonstration of Specimens from the Pathological Laboratory of the City Hospital, H. S. Martland or Members of the Pathologic Staff: 1, Tuberculosis of Heart in Acute Miliary Tuberculosis, H. R. Van Ness; 2, Streptococcus Endocarditis, J. C. Balsam; discussion; 3, Hemorrhage in Cerebellum; 4, Anomolous Heart Valves.

Experiences with Intra-cranial Treatment of Paresis.

The new Nurses' Home of the Newark City Hospital has not been completed enough to be opened for use and the commencement exercises of the graduating class have been postponed until autumn when, it is expected, they will be held in the new building. This did not prevent, however, a dance in honor of the outgoing class, which took place on May 22nd at a down-town hall.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held on Tuesday evening, May 5th, 1914, at Odd Fellows' Hall, Jersey City.

The meeting was called to order by the president, Dr. E. T. Steadman.

Minutes of last meeting read and approved.

Dr. George E. McLaughlin of the Legislative Committee stated that the committee went to Trenton to oppose the Optometry Bill. Stand was taken by the committee to have it placed under Medical Practice Act. A few physicians

were present, those from Hudson County predominating. Those who supported the bill were out in large numbers. Bill was passed and signed by the Governor.

Bills for rent, printing, stamps, etc., were ordered paid.

A communication was read from Major Robert U. Patterson, in charge of the First Aid Department, American Red Cross, in which he asked for a list of men in this vicinity who would act in the service of the Red Cross Society during present crisis with Mexico. Communication was referred to committee on Red Cross work.

Another communication was referred to the Legislative Committee, received from Bayonne Medical Society, calling the attention of Society to a midwife suspected of violating the Medical Practice Act. Also attention was called by the communication to the fact that practically all the first aid offices in all the large industries in Bayonne were in charge of one of the employees, and not under the charge of a trained or licensed physician.

Amendments to the by-laws were adopted as read, with exception of Section VI., which reads: "The Membership Committee shall consist of ten members." Amended to read "of not more than twenty members."

Dr. E. T. Steadman, the president, appointed the following Membership Committee:

Dr. F. D. Gray, chairman; Drs. Poole, De Merritt, Sexsmith, Swiney, Dickinson, Finke, Freile, Strasser, Spaulding, Lambert, Cosgrove, Spence, Blanchard, Mooney, Child, Farr and Lewis.

The following annual delegates were nominated and elected to attend State Society: Drs. J. Nevin, Sexsmith, Muller, Kelley, Cosgrove, Chard, McLean, Street and Jaffin.

The Society unanimously voted ordering treasurer to pay Mr. Victor Banks, caretaker of Odd Fellows' Hall, $10 for services rendered during meetings.

Dr. Edsall, superintendent of Department of Public Health, Jersey City, spoke on "More rigid measures for the Sanitation and General Health of Jersey City."

A vote of thanks was extended to the Mayor of Jersey City for allowing Dr. Edsall to appear before the Society so that a better understanding and closer relationship may exist between the Jersey City Board of Health and Hudson County Medical Society.

The paper of the evening, entitled "The Rontgenological Study of the Alimentary Canal," illustrated by lantern slides, was presented by Dr. W. Homer Axford, Bayonne.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The annual meeting of the Hunterdon County Medical Society was held in the Grand Jury room at Flemington, April 28th, 1914, the president, Dr. Floyd A. Thomas, of Flemington, presiding.

Under the reports of sections, Dr. Sommer of the Section on Surgery gave a very interesting talk on "The surgical treatment of indigestion and constipation," which was freely discussed.

As the date of our annual meeting does not fit in well with the business of the State Society it was ordered to hereafter have our annual meeting for the election of officers at the fall meeting and the present officers hold over until that time.

Dr. P. E. Young, of Ringoes, was elected annual delegate to the State Society, with Dr. Thomas of Flemington as alternate.

OCEAN COUNTY.

Ralph R. Jones, M. D., Reporter.

The scientific meeting of the Ocean County Medical Society was held at the home of Dr. W. G. Schauffler, May 13th, with a large and enthusiastic attendance. In the absence of both president and vice-president, Dr. Ralph R. Jones of Toms River, was elected chairman of the meeting. About half of the membership is connected in one way or another with the Paul Kimball Memorial Hospital. The hospital was opened just one year ago and has already proved too small for the demands made upon it. It has acquired a reputation for thoroughness and successful medical and surgical treatment, far in excess of some of its sister institutions in this section of the State. It was named for one of the members of the Ocean County Medical Society, and is situated on the main motor road from Atlantic City to New York, about one mile south of Lakewood and nine miles north of Toms River, the county seat. It is needless to say that all the motor and other accidents for miles around are hurried there and are sure of prompt and efficient treatment. The special committee on scarlet fever hope the State Society will settle the question of a safe and efficient quarantine and disinfection. The officers are President, Eugene G. Herbener, Lakewood; vice-president, F. N. Bunnell, Barnegat; secretary, W. G. Schauffler, Lakewood; treasurer, Irwin H. Hance, Lakewood; annual delegate, V. M. Disbrow, Lakewood; reporter, R. R. Jones, Toms River. Dr. W. H. Iszard, councilor of the Fourth District was unable to be present, but sent his greetings to the society.

After discussing the many interesting cases reported, the meeting adjourned.

UNION COUNTY.

George L. Orton, M. D., Secretary.

The following resolution was introduced and passed at a meeting of the Union County Medical Society held April 8, 1914.

Whereas House Bill, No. 6282, otherwise known as the Harrison Antinarcotic Bill has passed the House and is in the Senate at Washington.

Whereas said bill as passed by the House was satisfactory to the profession.

Wheras an amendment has been offered by Senator Knute Nelson of Minnesota, practically prohibiting physicians, dentists and veterinarians from dispensing or distributing narcotic drugs to patients by substituting the word administration for the words dispensing and distributing in said Bill, and

Whereas such an amendment would prevent physicians from sending, by messenger or otherwise, remedies for immediate relief when unable personally to attend a patient on the instant, and

Whereas such restrictions upon the efficiency of physicians tends to limit their usefulness to the people, and

Whereas the amendment in question is evidently offered purely in the interest of dispensing druggists to the detriment of good medical service to the people, and

Whereas the record keeping feature also suggested by Senator Nelson is unnecessary and therefore a needless burden to the profession,

Therefore, be it resolved by the Union County Medical Society, of New Jersey, that the Nelson amendment should be defeated in the interest of public welfare.

Resolved—that a copy of these resolutions be published in the New Jersey State Medical Journal and that a copy be sent to each United States Senator and the members of Congress from New Jersey.

WARREN COUNTY.

From the Newark Evening News.

The members of the Warren County Medical Society held their annual meeting recently at the American House, Belvidere. There was a full attendance of the doctors of the county. Among the visitors was Dr. C. C. Beling of Newark, councilor for the local society.

Officers elected for the ensuing year are as follows: President, Dr. Frank G. Gordon, Blairstown; vice-president, Dr. William Kline, Phillipsburg; secretary, Dr. William J. Burd, Belvidere; treasurer, Dr. G. W. Cummins, Belvidere; reporter, Dr. John A. Griffith, Phillipsburg; delegate to the State Society, Dr. William C. Albertson, Belvidere. Several changes in the by-laws of the society were made.

Dr. James D. De Witt of Harmony, who has practiced medicine continuously for fifty-seven years, participated in the proceedings of the society. He is now eighty-five years old and the society elected him a member emeritus. Dr. William J. Burd paid a tribute to the venerable physician, which the society heartily endorsed.

It was generally understood by the members of the society that the State Medical Society would lend its aid in the defense of Dr. F. A. Shimer of Phillipsburg, who is accused in connection with the death of Miss Eva Williamson last March at the Easton (Pa.) Hospital.

Reports from Local Societies.

Association of Attending Physicians to Hudson County Tuberculosis Clinics.

This Association met at 202 Montgomery street, Jersey City, on Monday evening, April 27th, 1914.

Dr. B. S. Pollak, medical doctor of the Hudson County Tuberculosis Hospital and Sanatorium, in discussing the significance of tuberculin reaction, in part said: That the Von Pirquet and Schick theory of the tuberculin reaction is due to the formation of toxic substances as a result of the combination of antibodies circulating in the blood and the tuberculin. This reaction takes place at the point of inoculation producing a local reaction, in the circulation producing a general reaction and at point of infection producing a focal reaction. Wollf-Eismer's theory is akin to Von Pirquet's theory. The explanation of theories as I see them and as I intend to discuss them with you is as follows: First, tuberculin is not a poison but a specific substance which when given in large doses, unless the patient has his tolerance increased by previous doses, causes toxic symptoms in one suffering from tuberculosis. In the healthy, large doses can be borne without resulting harm. Second, the specific action is due to the tubercule protein contained in the product and follows the general laws of anaphylaxis. And third, the action of the tubercule protein as it causes reaction in the presence of tuberculosis, whether used as a test or therapeutically, is modified by the fact that the organism has been sensitized to the protein has given off from the focus of infection.

Tuberculin as a test in the diagnosis of tuberculosis was made possible by Koch's discovery that tubercle bacilli, and their toxins, affect the tuberculous and the non-tuberculous differently. It is important to remember that the tuberculin test is a test for tuberculosis antibodies. It is possible that the cells might not be able to respond to the stimulus, and produce immune bodies, or that antibodies might be present but not free in the blood, or that lysins might be present in sufficient quantity to destroy the tuberculin, before it can unite with the antibodies and produce the toxins necessary to bring on the reaction. In all the above type of cases, tuberculosis might be present and still no reaction occur.

The tuberculin reaction is absolutely specific and its greatest value will be in the diagnoses of the quiescent cases, in which a great proportion of the population of the world may be classed. If the patient is in good general condition and the disease moderately active, there are many antibodies present and the reaction is prominent. If the disease is active and the vitality of the patient markedly reduced, the reaction is necessarily weak or absent. If the disease is mild in a patient of low vitality, the reaction will be mild or delayed.

A healed lesion after a time will show no reaction. A quiescent lesion should give very little reaction, although in doing the Von Pirquet, the reaction may show up more or less marked but is always delayed, showing up in 48, 72 or 96 hours or even later. Active lesions should show a reaction in the cutaneous test in 24 hours. Advanced tuberculosis may give no reaction or a marked reaction, depending on the vitality of the patient. In patients of low vitality, especially, a negative reaction, when signs and symptoms are positive, is naturally of no value. The cutaneous is of great value therefore in differentiating active from quiescent lesions, and in determining the reactive capacity of the patient. A positive reaction indicates the presence of either clinical or pathological tuberculosis.

"In conclusion, based partially upon a personal experience, and largely upon the experience of recent observation, both here and abroad, by men identified with this work, lead me to express the opinion that whilst there are minor defects which we have been unable to overcome, that with the improvement in our power of observation, with a more perfect technique, the time will arrive when all of us will be willing to acknowledge the absolute correctness and specificity of the tubeculin tests and their significance."

Dr. W. W. Brooke in reviewing the literature on the percutaneous tuberculin reaction, quoted

Krumbhaar and Musser's article in the Amer. Jour. of Med. Sciences. He said that they show that this test is specific for tuberculosis and that every adult will not give a reaction, as has been claimed. At first they used a control. Later they stopped using controls because they never reacted. They used this reaction on lung, hip, spine, peritonitis and other cases. The results were as follows: 10 incipient cases 10 positive; 10 moderately advanced 10 positive; all far advanced only 1 positive. All non-tubercular cases no positive reactions were found. They gave some of these patients the Von Pirquet as well as the Moro test and decided that the Von Pirquet is the more sensitive. They concluded that the Moro test is specific for adults as well as for children, that in using the test there was no chance of getting an infection and that it was as accurate as the Von Pirquet.

Dr. W. S. Branner, in reviewing the literature on giving of the tuberculin treatment by the general practitioner, quoted Dr. Solis-Cohen. He said that any practitioner, with a little care, can give this treatment, if he starts with small enough doses and takes his time about increasing them. He said that injections should be given especially at first about seven days apart.

After the scientific session the Association took up the question of what to do with at-home patients, who live in congested districts during the hot summer months. The Board of Managers of the Hudson County Tuberculosis Hospital and Sanatorium were asked to take up the matter of open air camps and fresh air piers with the heads of the various municipalities in the county.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club was entertained by Dr. G. H. Lathrope at the Field Club in Morristown on the evening of April 29th, 1914. Dr. A. A. Lewis was chairman of the evening. There was a large attendance of members and a number of visitors from Summit, Madison, Bernardsville, Mendham and other nearby places. Dr. Jennie A. Dean of Morristown was elected to membership in the club. Dr. E. D. Truesdell of St. Mary's Hospital, New York City, was the essayist for the evening. His subject was "Infection of the Tonsils and Cervical Glands." (This paper has been promised for publication in the Journal.)

The doctor spoke of the many infections of the tonsils that required surgical remedial measures. Many symptoms of obscure conditions could be traced to infective processes in the buccal cavity. Numerous cases were reported and the lessons each taught dwelt upon.

As to operation, the doctor thought this must be left to the individual operator; those who were most used to finger enucleation could do this best, even in the dark, but those who operated by sight got along equally well. The choice of instruments must also be left to experience, though the most skilled operators often needed few instruments.

It was stated that paralysis of the facial nerve was often due to pressure and not to injury.

The courtesy of the Society being extended to the visitors, most of those present entered into the discussion of the paper and cited histories of patients they had treated.

The Practitioners' Club of Newark.

J. D. Lippincott, M. D., Secretary.

The following is an account of our annual dinner and election of officers for the Practitioners' Club of Newark.

Preceding the dinner the following officers were elected for the coming year: Dr. G. B. Philhower, of Nutley, president; Dr. Charles E. Teeter, vice-president; Dr. J. D. Lippincott, secretary and treasurer.

The twenty-sixth annual dinner was held in the palors of S. Davis, 943 Broad street, Newark, Monday, May 4th, when a large attendance of members and their friends were present. Dr. G. B. Philhower was toastmaster, the speakers were Dr. H. J. T. Wallhauser, the retiring president; Rev. Chas. H. Stewart, Mr. James C. Hollock, Dr. Frank D. Gray, of Jersey City. Music by quartette composed of Dr. Wallhauser, Geo. J. Kerwan, Harry M. Biggins and Dr. Jean F. Wolfs. Orchestra, Issler's. The society closed its scientific sessions until October, 1914.

Miscellaneous Items.

The San Francisco County Medical Society maintains a scrap book which contains newspaper clippings concerning members. Doctors who permit themselves to be exploited through newspaper articles find cold comfort from the fact that the public records of such acts are not only permanently filed, but are always open to the inspection of fellow practitioners. The Los Angeles County Medical Society has adopted the same feature.

International Sanitary Conference of American Republics.

Will have its sixth meeting in Montevideo, Uruguay, December 13-21, 1914, under the presidency of Dr. E. Fernandez Espiro and the auspices of the Government of Uruguay. Surgeon General Rupert Blue, of the U. S. Public Health Service, is provisional chairman for the States.

American Medical Editors' Association.

On June 22nd, 9 A. M., the above mentioned Association will meet at the Marlborough-Blenheim Hotel, Atlantic City, N. J. An unusually attractive programme is being prepared.

Among the papers are the following:

President's Address, E. A. VanderVeer, M. D., Albany, N. Y. Relation of the Medical Press to the Cancer Problem, by Mr. Frederick L. Hoffman, Newark, N. J. (by invitation.) The Things that Count in Medical Practice, by H. Edwin Lewis, M. D., New York. Ideal National Medical Journal: What it Should Be and What it Should not Be, by W. J. Robinson, M. D., New York. Two Problems of the Organization Journal: The Mediocre Paper and the Editorial Department, by Sarah M. Hobson, M. D., Chicago, Ill. Medical Journalism as a Local and as a National Proposition, by Thomas S. Blair, M. D., Harrisburg, Pa. Medical Books and Journals, by T. D. Crothers, M. D., Hartford, Conn. The Medical Periodical and the Scientific Society, by F. H. Garrison, M. D., Washington, D. C. Editorial Experiences, by

A. L. Benedict, M. D., Buffalo, N. Y. The Special Medical Journal, by A. Bassler, M. D., New York. The Medical Profession and Its Influence from a Buying Standpoint, by Joseph MacDonald, Jr., M. D., New York. The Preparation of the Original Article and the Editors' Latitude, by E. Franklin Smith, M. D., New York. He Among You Who Is Without Sin Shall Cast the First Stone, by Erwin Reissmann, M. D., Newark.

AMERICAN MEDICAL ASSOCIATION.

Atlantic City, N. J., June 22-26, 1914.

The Registration Department, Kentucy avenue, near the Boardwalk will be open from 8.30 A. M. to 5.30 P. M., on June 22, 23, 24 and 25, and from 9 to 10 A. M. on the 26th.

The House of Delegates will convene at 10 A. M., on Monday, June 22d. Drs. William S. Lalor, Linn Emerson and Edward Guion are New Jersey's Delegates.

The General Meeting, which constitutes the opening exercises of the Scientific Assembly, will be held on Tuesday, June 23, in the Apollo Theatre, at 10.30 A. M. It will be called to order by President J. A. Witherspoon, of Nashville, Tenn. The program is: Invocation by Rev. H. M. Mellen, of Atlantic City; Address of Welcome by Dr. Enoch Hollingshead, President of the Medical Society of New Jersey; Introduction and Installation of President-elect, Victor C. Vaughan, of Ann Harbor, Mich.; Address by President Victor C. Vaughan.

The fifteen scientific sections will meet that afternoon and the three days following in various designated places. A splendid scientific program has been arranged for each section.

We give those announced to read papers, who are members of the Medical Society of New Jersey, as follows:

Dr. Edward J. Ill, Newark, on "The Treatment of Albuminuria of Pregnancy," on June 23, at 2 P. M., at Morris Guard's Hall, New York avenue, above Pacific avenue, Dr. W. Edgar Darnall, Atlantic City, on "Pelvic Varicosities: A Definite Symptom-Complex," June 26, 9 A. M., Morris Guard's Hall, New York avenue. Dr. Norton L. Wilson, Elizabeth, on "The Faucial Tonsil as a Gateway to General Infection," June 23, 2 P. M., Guild Hall, Ascension Church, Kentucky avenue. Dr. Linn Emerson, Orange, on "Operations for Cleft of the Hard and Soft Palate," June 25, at 2 P. M., Guild Hall, Ascension Church, Kentucky avenue. Dr. Henry A. Cotton, Trenton, on "The Value of Early Diagnosis in Syphilis of the Central Nervous System; It's Relation to Treatment," June 24, at 9 A. M., in the Brighton Casino, Indiana avenue and boardwalk. Dr. Fred H. Albee, New York, member of the Union County Medical Society, on "Original Use of the Bone-Graft in Pott's Disease, Fractures and Other Conditions," in G. A. R. Hall, New York avenue.

An excellent series of entertainments and amusements has been provided for the visiting ladies.

STATE SECRETARIES AND EDITORS.

Dr Lillian H. South, secretary of the Association of State Secretaries and Editors, announces the annual dinner of this organization—connected with the A. M. A.—to be held at the Marlborough-Blenheim, on Monday evening, June 22, at 7 o'clock. A very interesting program has been arranged for the meeting which will follow the dinner which will include the subjects of Medical Defense, Uniform Regulation of Membership, Medical Advertisements and a general discussion of the various journals.

Alumni Association U. of P. Medical Dept.

The New Jersey Alumni of the Medical Department of the University of Pennsylvania will hold its annual smoker at the New Monmouth Hotel, Spring Lake, during the meeting of the State Medical Society. The exact time will be announced later.

Dr. Alexander McAlister is chairman and Dr. H. I. Goldstein secretary of the committee.

Several prominent members of the medical faculty of the University of Pennsylvania will address the old graduates. A good time is assured to all of those alumni who attend this annual affair. H. I. Goldstein, Secretary.

Science Healing Bill Vetoed.

After due consideration, Gov. Glynn, of New York, on April 23, placed his veto upon the bill passed at the last session of the Legislature, which was intended to legalize the practice of Christian Science healing in the State. The Governor stated that the bill which permitted "any person who ministers to or treats the sick or suffering by mental or spiritual means without the use of any drug or material remedy" to practice in this State without interference, would "open the gates to all kinds of medical pretenders, who would swarm across our borders and pretend to practice medicine upon our citizens." "Under this phrasing of the proposed law," he added, "I am precluded from passing upon the claim of the sincere believers in Christian Science." The Governor also refused to sign Senator Herrick's bill which gave to osteopaths in New York City the right to sign death certificates. The bill exempting drug store employees from certain provisions on the labor law, and fixing a separate schedule of hours for drug store employees was signed by the Governor, who considered the exceptions proposed entirely reasonable.

Vivisection Trial in Philadelphia.

In the trial of Dr. Joshua Sweet, of the University of Pennsylvania, Philadelphia, charged with "wanton cruelty to dogs after operations," no agreement was reached by the jurors after long deliberation, in spite of an unfavorable opinion rendered by the judge. Five other physicians connected with this school were also to stand trial should Dr. Sweet have been found guilty. We understand that most of the jurors were in favor of vindication.

¶ ONE HUNDRED AND FORTY-EIGHTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY, NEW MONMOUTH HOTEL, SPRING LAKE, JUNE 29, 30, JULY 1, 1914.

THE JOURNAL
OF THE
Medical Society of New Jersey

JUNE, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

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148th ANNUAL MEETING
MEDICAL SOCIETY OF NEW JERSEY
New Monmouth Hotel, Spring Lake
June 29, 30 and July 1, 1914

The Board of Trustees

Will meet Monday, June 29th, at 9 o'clock A. M., prompt, in the New Monmouth Hotel.

The House of Delegates

Opening meeting, Monday, June 29, at 10:30 A. M., Reports, etc. Other sessions at 2:30 on 29th and 30th and at close of annual meeting.

General Scientific Sessions

The first will convene at 3:30 P. M. on Monday and again at 8:15 P. M. Other meetings—morning and afternoon of Tuesday and Wednesday morning, July 1st. Banquet Tuesday evening. Speakers: Governor James F. Fielder, Rev. Dr. Floyd W. Tompkins, Philadelphia; Prof. George E. DeSchweinitz, M. D., Philadelphia; Dr. Calvin N. Kendall, State Commissioner of Education, Princeton, N. J.

The address of President Enoch Hollingshead will be delivered on Monday evening; also the Oration in Medicine by Dr. Lewellys F. Barker of Baltimore, Md.

The Oration in Surgery will be given by Dr. John B. Deaver of Philadelphia on Monday afternoon.

The address of the third vice-president, Dr. Philip Marvel of Atlantic City, will be delivered Tuesday afternoon.

The Prize Essay Award for the best essay on "The Reduction of Infant Mortality: How Can It Be Best Accomplished?" will be made on Tuesday afternoon. Seven essays have been received.

The following is the List of Original Papers that will be presented and discussed:

The Conservation of Child Life—the presidential address of Dr. M. J. Synnott of the State Pediatric Society, which meets in joint session with our Society at the Monday afternoon session.

The Preservation of Breast Milk, Dr. Margaret Brewster, Grantwood.

The Infancy of Migraine and Arterio-sclerosis, Dr. David E. English, Summit.

Treatment of Pertussis, Dr. C. H. Finke, Jersey City.

A Recovery from Tuberculous Meningitis, Dr. Palmer A. Potter, East Orange.

The Doctor and the School of To-morrow, Supt. Henry E. Jenkins, Department of Education, New York City.

Case of Thrombotic Abscess of the Internal Capsule of the Drain; Operation; Complete Recovery, Dr. Wells P. Eagleton, Newark.

Enteroptosis, Dr. Sidney A. Twinch, Newark.

Symposium on Hospitals—Tuesday.

The Hospital and the Physician, Dr. Edward J. Ill, Newark.

The Efficiency of Hospital Service, Dr. Emery Marvel, Atlantic City.

The Hospital and Its Nurses, Dr. John C. McCoy, Paterson.

The Standing Evil in Hospitals from a Surgical Viewpoint, Dr. Francis H. Glazebrook, Morristown.

Mucous Colitis: Etiology and Treatment, Dr. David A. Kraker, Newark.

Mosquito Extermination in Essex County, Dr. Ralph H. Hunt, East Orange.

Functions of the State Medical Board, Dr. Horace G. Norton, Trenton.

The Abuse of the Radiograph, Dr. J. Bennett Morrison, Newark.

Roentgen Diagnoses of Stomach and Intestines, Dr. Charles F. Baker, Newark.

Diagnosis and Treatment of General Paralysis, Dr. Henry A. Cotton, Trenton.

Diverticulitis, Dr. William F. Faison, Jersey City.

Treatment of Impacted Ureteral Calculi, Dr. George N. J. Sommer, Trenton.

Some of the Historical Changes Found in Tabes Dorsalis, Dr. Fred H. Thorne, Greystone Park.

Prominent physicians from the different sections of the State and from other States will discuss these papers.

No name of a *recently* elected member of a County Society can appear in the Official List unless the name and the $3.00 for dues and Journal have been received by Dr. T. N. Gray, Secretary, by June 15th.

LET EVERY DELEGATE ATTEND.

We cannot endorse too strongly the words of the editorial in the California State Journal of Medicine and commend them to every member of the House of Delegates that meets at Spring Lake the last of this month, for they are just as applicable to New Jersey as they are to California. The editorial says:

"Every delegate should attend, even if at some personal sacrifice of time and money on his part, and every county unit should see to it that delegates are elected who will surely attend the meeting and transact the work which will be presented. It is not fair for a county to fail of representation and then kick at what may be done; the time to kick is right there at the meeting of the House of Delegates and possibly the delegate from the smallest unit may have just the right suggestion to make in regard to some pending matter. Certainly he should be there and express his views. This is no time in which to think of personal jealousies or little differences of opinion; changes have come and great changes are coming within the next few years and we must recognize that fact and meet the changes that are here and get ready for those that will be with us before we know it. "Time flies" and a few years pass before one hardly knows that they have come and gone and left their altered problems and relations and conditions behind them. How long it will be before we have State health insurance, just as we now have State accident insurance, one cannot say; but it is certainly coming and whatever plan we may determine upon now for the State problem that is already with us will serve as a basis, in all probability, for the working out of the other problem when it, in its turn, comes to us. And it does no good at all merely to complain bitterly of the faults that are to be found in the present law or those which may be seen in what is to be; we are dealing with actual conditions and not with 'if's' and 'but's' and all that sort of thing; there is no time to waste on that kind of talk; put it out of your head and see if you can think of some better way of dealing with the actual situation which confronts you and all of us. There is every reason to believe that we can work these things out so as to do justice to everybody concerned; but we cannot do it if you just sit back and kick at what is."

Can we not and will we not resolve to make this year's annual meeting a record-breaker in attendance on every session of the House of Delegates and in giving best thought and judgment on every important item of business considered.

Every delegate in his place promptly at the appointed hour will give us a successful annual meeting and will mean much for the Society's and the profession's prosperity during the coming year.

OUR ONLY HOPE.

The only hope for holding up the medical profession and medical conditions in this State to-day is in holding up and increasing the strength of the State Medical Society. As the Journal said two or three years ago, the time will come (it has almost come now) when membership in the State Society will have to take the place of the official license to practice. A number of physicians have been licensed under this new law who could never in a thousand years have received a license under the old law. No county society should elect anyone to membership without first referring the name to the State Society office for investigation and report; a large number of incompetent physicians are coming into this State and the number is going to steadily increase. If it were not for the organization of the State Society, everything medical in California would be chaos, right now; as it is, we are going to come out of the present confusion with a fairly well defined and satisfactory arrangement. This is no time for fights amongst ourselves; this is just the time when we need to make our organization stronger and more closely knit and stand together solidly, acting as a unit in all matters and moving slowly and with careful and deliberate caution. If we do this, we can do the very most good for the people of our State and for our professional standing in the community.—California State Jour. of Medicine.

THE "SHOP OCULIST."

The "Shop Oculist" is an established institution in most shops and factories. He is a workman who has had considerable experience in removing cinders, emery, etc., from the eyes of his fellow employees. He usually has a steady hand and a good eye, and has two or three instruments and a magnifying glass with which to remove the foreign body. These tools are hardly ever clean, and he himself makes no pretense at being surgically clean. He gets the patient in a strong light, and picks and scrapes the

delicate tissues of the eye until he dislodges the little particle. At least, he tries to dislodge it, and usually succeeds, but almost invariably leaves behind much scratched and roughened tissue. As a rule, the eye gets well, for a strong man can withstand much physical misfortune, but even if he gets well, the unnecessary scraping leaves a scar, usually in the center of the eye, which more or less permanently interferes with vision. Frequently the dirty and unskillful manipulations of the "shop oculist" produces an infection or poisoning of the eye, and pus forms and the eye becomes lost or very badly damaged, and the other eye even may be lost from sympathetic inflammation. The "shop oculist" is responsible for many eyes that are lost by improper treatment directly after a slight injury.

ECONOMIC WELFARE OF THE MEDICAL PROFESSION.

We always approach the discussion of the subject of the economic welfare of the medical profession with some hesitation—for fear of being misunderstood—as though we would favor a change in the profession's record of altruistic endeavor and magnificent achievement, and thus mar its future by turning our thoughts and steps from the pathway of self-forgetfulness and self-denial for humanity's good, by which the profession has attained its dignity and honor. But to consider and wisely act for the protection of the profession's material interests, or its individual member's rights and privileges, need not lower the altruistic standard and reduce the profession to the plane of commercialistic exploitation for personal gain.

The profession will never change its past and persent true position and high aims—the relief of human suffering and its still loftier aim and endeavor to prevent human sickness, sorrow and suffering, and the bestowal of its abounding charity will never cease to be one of its leading characteristics. One has well said: "The soul revolts at commercializing distress, but, alas! even pity is conventionalized. It is the histrionic, the dramatic that appeals; refusal of the profession to attend the sick-bed of poverty, because no fee is forthcoming, is condemned, and justly condemned." But present conditions compel us to consider the economic welfare of the profession in order that the record of the past—of altruistic endeavor—may be maintained.

The medical profession is largely responsible for present conditions that lessen the physician's income and thereby weaken or destroy his power and influence, to the profession's and the public's detriment alike. We mention, without fully discussing, some of the conditions affecting and sometimes embarassing the physician financially. The immense amount of misplaced, false charity in private practice, in hospitals, societies or lodges and in public service. In the last named it is the charity that expresses itself in gifts of both money and time. The great work being done in the department of Preventive Medicine, which is the most altruistic of all the profession's activities—truly called its crowning glory—*must be* continued and extended. But the public should far more liberally share the burdens with the medical profession to enable the latter to serve the public more efficiently. Dr. Meara, in his address before the Academy of Medicine, in Newark, two years ago, forcefully referred to us as "A profession fighting to limit the sphere of its own activities to the utmost, in the face of the concerted opposition of every form of self-interest—the patent medicine man, the nostrum vender, the advertising sure-cure man, schools, cults, pathies, all who thrive on human credulity, all who battle on human despair—while the great public, for whom the good fight is made, scarce lifts a helping hand or finds ulterior motives in the effort."

Then we have the druggists prescribing, contrary to law, dangerous to health and life—most serious in cases of syphilis. The overdoing of specialism, which when rightly pursued marks an important advance in professional practice, but it fails if injudiciously and prematurely entered upon—without experience in general practice—and if conducted unethically. It seems to need little discussion when we say the specialist and the family physician should always cooperate. If there is no family physician and disease is not recognized or is treated by quacks until it is too late for the specialist—as is often the case in cancer—serious damage is done to the profession and the public as well as to the individual patient. The tendency therefore to ignore or do away with the general practitioner or family physician who has treated the family for many years and is thoroughly acquainted with each member's health history, open or secret habits, disease tendencies and idiosyncrasies, is to be deprecated and should be promptly halted and corrected.

"The physician must be not only a technician but a tactitian, not merely a scientist but a humanist. No profession pursued by man needs so liberal an education for its perfection as ours. No priestly ear receives the unburdening of the human soul more often than the family physician's. The sick room is the confessional. The Hippocratic oath recognizes this. Not only the head but the heart must minister. Sympathy, charity, judgment, tact, diplomacy are all the subtle instruments of our art," said Dr. Meara and he paid a beautiful tribute to the country practitioner.

We mention also the petty bickerings, jealousies and unethical conduct that so often weakens the respect for and the influence of, not only the physicians involved, but of the entire profession; aslo the conflicting expert testimony, especially in insanity cases, in our courts of justice, which has greatly lessened the value of all expert testimony and which, we fear, has had much to do with our failure to secure legislation for the protection of health and life, since lawyers seem to dominate our Legislature and impugn our purest motives.

We have little to suggest at present for the betterment of existing evils and unfortunate tendencies, other than the correction of those evils and tendencies. The main thing is a thorough

ORGANIZATION OF THE PROFESSION.
BUILDING UP OUR COUNTY SOCIETIES,

by regular attendance and the co-operation of all its members. One meeting every year could profitably be devoted largely to the discussion of ethical and economic questions.

Forming Local Societies, meeting monthly or better weekly, with an occasional public meeting for educating the people on the methods and motives of quacks, and on legislative, health and other questions on which the physician can speak authoritatively. In connection with this feature of our activities a strong effort should be made to secure the co-operation of the profession and newspaper publishers and editors, as has already to a limited extent been done in Chicago, St. Louis, Boston and New York, etc. The nomination of good men—intelligent, honest men—for the Legislature, including a few doctors—representing different sections of the State should be sought to guide legislation on all matters pertaining to health.

Cementing the Bonds of Union among ourselves is of paramount importance. Let us cease all bickerings, jealousies, unethical methods of getting patients by newspaper notoriety, criticism of other doctors, undercutting of prices, fee-splitting, contract practice at less than usual rates and even then without taking other doctors' patients; in a word—let the Golden Rule be observed as the essence of our Code of Ethics, and last, but not least, let there be the fullest possible co-operation of the General Practitioner and the Specialist, each recognizing his legitimate sphere of action, each striving to help the other and, above all, both doing their utmost for the *patient,* as they realize their responsibility. Then will our profession be respected and honored in the community, in our courts of justice and by our legislators and economic conditions will decidedly improve.

It was the editor's great pleasure to attend the meeting of the Morristown Medical Club at the residence of Dr. James Douglas, May 27th, and to listen to the able paper there read by Dr. Lewis S. Pilcher of Brooklyn on "The Surgical Indications of Chronic Intestinal Stasis" and the general and practical discussion that followed its presentation, by several of the large number present of members and of guests from the adjoining cities, Dr. E. J. Ill leading the discussion, with Dr. F. W. Flagge presiding.

The meeting was a fitting illustration of the value of the local medical society, its knowledge-increasing opportunities, its social features and harmonizing influence, all tending toward the betterment of economic conditions. Dr. Douglas, as ever, proved a genial and generous host.

ANIMAL EXPERIMENTATION.

We were preparing an editorial on the case of the Philadelphia professors charged with cruelty to animals when we noticed an editorial in *The Lancet-Clinic,* of Cincinnati, May 16th, and give it, as expressive of our own ideas, as follows:

"As is well known, three members of the faculty of the University of Pennsylvania were arrested recently at the instigation of the Women's Pennsylvania Society for the Prevention of Cruelty to Animals, charged with cruelty to dogs in certain vivisection work. The law of Pennsylvania, made and interpreted by lawyers, must be in a curious condition, as witness the following charge of Judge Bregy:

"To indicate a view on the part of physicians that these operations upon the dogs were made for scientific purposes to obtain information for the alleviation of human suffering, I charge you that the law of Pennsylvania does not allow pain and suffering, torment or torture to be inflicted upon dogs for any purpose except for

relief of the suffering of the dog itself. They have no right to torture a dog or violate the law as I have read it to you for the purpose of obtaining scientific information. The law says that any person that does a thing as I have read it to you—that is, if a person is guilty of wanton cruel torture of an animal he shall be guilty of a crime."

They certainly need some new laws on this subject in Pennsylvania, and not only that but the laws should be written in good English. Laws that permit "pain and suffering, torment or torture to be inflicted upon dogs" for the sole purpose of "the relief of the suffering of the dog itself" are too complicated for every-day use, and apparently only suitable for the purposes of societies for the prevention of cruelty to animals whose collective anisometropic vision views mankind at long range with its hypermetropic eye, observing a small image and, the canine world at short range with its myopic eye finding an image that fills the whole visual field. This astonishing law, that only permits torture for the control of pain, evidently muddled up the jury for they could not agree as to the guilt of the defendants, even after being instructed by the lucid charge of the court. It is announced that the women's society will try again, not only with these three distinguished members of the university faculty but with other noted Philadelphians, who may have dared to increase the sum total of human knowledge under the laws of Pennsylvania."

The advancement of medical science demands that we shall prosecute scientific medicine by scientific methods. The achievements of the past two or three decades have been marvelous and nearly all of the progress has been the result of animal experimentation. Our anti-vivisection friends are horrified. We give many of them credit for honesty of belief—it is with them a matter of faulty reasoning and mistaken judgment. With others it is ignorance pure and simple, and "where ignorance is bliss 'tis folly to be wise." They do not know the meaning of the word vivisection—operating on a living body. Every surgical operation is operating on a living body and it's often very painful. Empiricism is de facto experimenting on a living body.

In the case of most of the bitter enemies of animal experimentation it is really a case of

Sanctimonious, sensational or sickly, perverted sentimentality	vs.	Scientific Progress and the Saving of Human Life

No one, whether anti-vivisection, research worker, surgeon, or ordinary general practitioner, would approve of wanton cruelty to animals. As a rule physicians are very fond of animals and keep them as pets, and the Society for the Prevention of Cruelty to Animals numbers among its most active members many of the prominent physicians and investigators in infectious diseases. One of the ablest of these investigators recently wrote that he knew from his own personal observation and experience "that the animals in medical laboratories are not treated cruelly and that they are not abused. They are well taken care of and treated considerately. In fact, without such treatment the experiments for which they are used would be defeated." It is well for us also to remember and emphasize the fact, when addressing the laity, which this same writer calls attention to that these animals are not merely the servitors of mankind in this experimental work, but the animals themselves benefit from the discoveries which have been made with their assistance.

DR. SHIMER ACQUITTED.

Another victory for Medical Defense occurred last month in the acquittal of Dr. Floyd A. Shimer, of Phillipsburg, who was charged with illegal production of abortion resulting in the death of a girl. Our councilor, Dr. C. C. Beling, of the First District, and Dr. T. N. Gray, our State Society secretary, represented our Society at the trial, which lasted only two days.

The March and April issues of the Interstate Medical Journal, St. Louis, Mo., form Parts One and Two of "Special Tuberculosis Numbers." After careful examination, we express our belief that they give the fullest, best and latest presentation of the subject that has been published—166 pages of the March issue and 137 pages of the April number being given to original papers, editorials and miscellaneous items on tuberculosis. We congratulate the Journal on the good service it has rendered to the profession.

The 1913 Report of the A. M. A. Chemical Laboratory has recently been issued. It will be found of value to physicians who possess it. It will be sent postpaid by the American Medical Association, 535 N. Dearborn street, Chicago, Ill., for 25 cents.

Two society reports came too late for insertion; they will appear next month, as will a paper by Dr. H. W. Axford, of Bayonne, and an outline of Dr. G. K. Dickinson's presidential address before the Academy of Medicine of Northern New Jersey.

Medical Men's Widows and Orphans.

The thirty-second annual meeting of the Relief Society for Widows and Orphans of Medical Men of New Jersey was held in Newark, May 13, and the following officers were elected: president, Dr. Edward J. Ill, Newark; vice-president, Dr. Norton L. Wilson, Elizabeth; secretary, Dr. Charles D. Bennett, Newark; treasurer, Dr. Harold A. Tarbell, Newark, and trustees, Drs. Gordon K. Dickinson, Jersey City; Frank M. Child, Hoboken, and Christopher C. Beling, Newark.

Advantages of Organization.

I would like to mention the benefits that have accrued from our organization:

1. The higher degree of man's brotherhood to man that is prevalent among us.
2. The increase in our medical knowledge, and therefore efficiency, from the hearing and discussion of our scientific program.
3. The higher remuneration for our professional services.
4. The friendly rivalry promoted and our endeavors on this account to keep abreast of medical advances.
5. The greater frequency of consultations in puzzling cases.
6. The lesser liability of our patients playing fast and loose with us when they know we stand united.—Northumberland Co. (Pa.) Med. Soc'y Notes.

LET OUR ANNUAL MEETING'S SLOGAN BE —OUR PROFESSION'S INCREASE IN KNOWLEDGE, UNITY, DEVOTION and EFFICIENCY

THE RELATION OF REFRACTION TO THE PRACTICE OF MEDICINE.

Dr. T. A. Coffelt, of Springfield, Missouri, in a paper on this subject, says:

It is inconceivable that the so-called optometrist should be as capable of dealing with these delicate conditions of the human body as the trained doctor should be. Why any physician who prizes the honor of his profession should endorse this innovation in the field of medicine is difficult to understand, except on the theory that he does not regard refraction as belonging to medical science. I am led to believe that one reason why the general practitioner is indifferent is because he does not feel that the optician or optometrist encroaches on his practice in any way, and that the contention is wholly between the oculist and the optician. But when a law is enacted legalizing the practice of so-called optometry, and this inviting field in the domain of medicine is opened to this enterprising individual to treat the eyes by means of lenses and prisms, every street corner will be decorated with the flaming declaration of their great skill to cure every disease, from paralysis to blindness, from indigestion to cerebrospinal meningitis. The general practitioner will find he has a far more formidable competitor than he is now willing to admit.

If you feel that this is too strongly put, take a glance at the glaring claims of the leading optometrists of your own towns and cities even now. If they lay claim to the cure of many diseases now, when there is probably a penalty for treating diseases without license to practice medicine, what will it be when their practice is legalized?

What is the remedy? Let every physician draw the line when a layman encroaches on the field of medicine, whether druggist, optician or optometrist. Let every physician, whether specialist or general practitioner, refuse to recognize the claim or practice of those who have no right to enter the field of medicine. Study refraction, if only to gain a theoretical knowledge of it. If you do this you will no more recommend the layman to do this than you would recommend a layman or laywoman to a friend or patient to do their obstetrical work. But you say this refraction is only a mechanical work to help a physiological condition. What more is obstetrics? It is mechanical. The head and body of the fetus guided through the straits of the pelvis, assisting the physiological efforts of the uterus to expel it at the end of gestation. No general practitioner is willing that the layman or laywoman should have legal right to enter this field of medicine without first becoming qualified by the same means that you have used.

In conclusion, I affirm that refraction is a part of the field of medicine; that none but those who have studied medicine in a regular way, including refraction, should have legal right to practice this branch of medicine; that our medical colleges should teach refraction in a systematic way and require their graduates to pass satisfactory examinations on refraction before graduating. State medical examining boards should be required to give examinations on this branch of medical science before giving certificates of registration to practice medicine in the State. * * * The optician should be limited to lens-making and frame-fitting, where he truly belongs, leaving the refractive work in the hands of the physician and specialist, who alone are competent to deal with this subject.

RESTRICTION OF MARRIAGE.

At the meeting of the Medico-Psychological Association held at the Hotel Belvidere, Baltimore, Md., May 27th, a resolution suggesting that "a clean bill of health" and "the evidences of a normal mind" be required of persons asking license to marry, was overwhelmingly defeated. Dr. William White of the Government Hospital at Washington said "I do not think we should adopt this. It would start much ill-considered legislation."

It was made clear, however that the alienists are by no means lax on the question of the marriage of people who are undoubtedly the victims of mental disorder.

Dr. William Mabon, superintendent of the Manhattan State Hospital, New York, and chairman of the committee on eugenics of the society, and Dr. C. F. Haviland, superintendent of the Kings Park State Hospital, L. I., agreed that eugenics would never be made a practical force by law, and that it was a phase of an ideal state of society never yet reached by the human race, rather than something which might be applied practically in this age. Both said that they believed that the influence represented by the word "eugenics" would grow increasingly powerful, but that it would be by popular education rather than by statute.

"Do you think that the day will ever come

when a clean bill of health will be required generally of those seeking the right to marry?" Dr. Mabon was asked.

"Such a situation may arise in some far distant time, but not in the immediate future," he answered: "Do you think that a woman who has made up her mind that she wants to marry will permit the question of whether she shall marry to be determined by her sweetheart's health or lack of health—or that a man will do the same thing?"

Dr. Mabon smiled. "I do not think," he said, "that many men and women will submit that question to such a test now. Emotion must be counted in the situation now as always but I do think that, as education of the public becomes more and more familiar with the consequence of the marriage of unfit persons, the health of a prospective husband or wife will exert a more and more powerful influence, and that love will move within a narrower range and reason in wider."

THE EDUCATION AND TRAINING OF FEEBLE-MINDED CHILDREN IN THE PUBLIC SCHOOLS.

Dr. A. W. Edson, in a paper in the New York Medical Journal, submits the following propositions:

1. In every city there are sub-normal children. They can be found if the school authorities and the doctors will only recognize them.

2. In each city there should be a psychological clinic connected, if possible, with the city hospital and controlled by the board of education. This clinic should determine scientifically the degree of mental dulness of sub-normal children. Full clinical records of the patients should be kept and these patients should be assigned to a particular school or a particular task, or else to a state institution.

3. There should be suitably equipped class rooms for such children in school buildings. They should be large, sunny, and accessible to the street, the play ground and the toilet rooms.

4. The number in the classes should not exceed twelve to fifteen, in order that individual or group attention may be given, as may be indicated.

5. Specially qualified teachers must be chosen for this work, for it requires patience, tact, sympathy, and resourcefullness. Such teachers must keep abreast with the progress which is being made in this line of work.

6. There must be love and sympathy in the management, and no nagging, threatening, or punishments.

7. The course of study must emphasize the essentials; it must be flexible and lead directly to a vocation. Teachers must have a free hand in adapting the course of study to the needs of the classes.

8. The instruction must be personal and emphasizing physical and manual training, nature study, and illustrative material.

9. The skilled teacher and the skilled physician must labor, side by side, in this work. Physical defects must be remedied as speedily as possible, the training must be corrective and curative, both along physical and intellectual lines.

10. If school authorities fail in their duty to these unfortunates, if there is lack of funds or of interest, private individuals should be appealed to for the performance of the work a leader with a well matured and workable plan is indispensable. This is an interesting problem which cannot be dodged, it must be worked out. These children are with us whether we desire them or not, and it is certainly better economy to fit them for usefulness than to let them grow up a hopeless burden to the community for their entire life.

SCIENTIFIC MEDICINE AND SPECIALISM.

Dr. A. A. Bondurant, of Cairo, Ill., read a paper before the Alexander County, Ill., Medical Society, June 19th, entitled "Does Not Scientific Medicine Call for Change of Specialism?" We give the concluding part, as follows:

To follow the rule, which was recently attempted, to eliminate all so-called internal medicine men from using a surgical knife, would if applied to all alike, confine surgeons to traumatic surgical cases, for they and only they are truthfully local. Can all medical men do surgical work? No, but the percentage of medico-surgical men is fully as high as that of surgico-medical, and he who claims for himself and kind a superiority entitling them to special privileges, or correctly speaking, seek and demand the curtailment of privileges from their equals, leaving the self-constituted judges monarchs of of all they survey, have forgotten one of the principles set forth in the Declaration of American Independence, and one of the most beautiful attributes of civilization, Modesty, as taught by their methods from early infancy. The best surgeons of today are those who know most scientific medicine and practice same. Save the race from the ravages of those who boast, they know nothing save one of the numerous so-called specialties, as any one is but a fraction of the whole. Many mechanics are used in the construction of a locomotive, each in the part which he knows, but when the locomotive has been assembled and placed for duty, to whom is it entrusted on the mission of life or death—a mechanic? No. An engineer who is supposed to be familiar with all parts, and he must be if he is a high grade engineer.

It is not my province to draw anew imaginary lines through human anatomy and label each section, that future medical men might each take his choice for a specialty, and by close application to same, obtain superior skill, which would seem unnatural, as some specialists would unconsciously paint the map of the medical world, as it now exists.

The greatest physicians today (and by that I include every specialty) is the best diagnostician, clear cut, analytical; monarch of all he surveys, mentally and scientifically qualified to do the best for any defect found in any part of the body.

The thought confronts me here that scientific medicine pleads for few specialties, not limited by anatomical lines, but by the ravages produced by the direction and scope traversed by the cyclone. Knowing the enemy and its customs, one may elect to combat a certain class of infections, and they permeate the entire system, then in that sense he would be a specialist. Should he conquer with serum, antidotes, or combinations, honor him, for such is his due. Failing, discredit him not, for if abscess, paralysis, hypertrophy, atrophy, necrosis, distor-

tion, dislocation, or fracture be left in the wake, he is best prepared to carry out or suggest treatment. It has been said one may be an operator and not a surgeon, but a surgeon is both. One who is skilled in operating and is not an analytical diagnostician should be leased to the latter, or enter other fields of labor, for his knife is far more dangerous than that of the diagnostician. The ideal is a diagnostician, therapeutist, and surgeon. The so-called internal medicine man and the surgeon take in the whole field of our professional work; others have taken a small section, side-stepped and by close application (some) have become more efficient in surgical manipulation and possibly medication in some instances than those not limited. Do not understand me to advocate the doctrine that all physicians should do everything brought to them. One who does not know when the tension of an eye is normal, plus or minus, has no right to prescribe for that eye, neither should be prescribe for an ear unless he is familiar with normal color and tension of the drum. If we have not studied the normal nose, septum, turbinates, and their relations to each other, then keep out. I have been told a man cannot be informed upon all those branches which are simply component parts of the whole. The average man deceives himself in the thought that he cannot master it. Could all people of this community who when babes were given oil, paregoric, sage tea, and carried about by different members of the family from 8:00 P. M. till sunrise next day on account of colic (supposedly) the good doctor having been with them since midnight, appear in a body and remind us they fell asleep after the most miserable twelve hours of their existence, because an over distended middle-ear, from an acute infection, had ruptured the membrana tympani giving a measure of relief, we would blush with shame. Could we excuse ourselves because we were not specialists? Positively no. Can an internal medicine man keep half a dozen specialists with him for emergencies? Then what should he do? Stand erect, master the anatamical scientific, and practical elements of our profession and hurl defiance at the posers who either lack the energy or ability to do a thing so essential.

IDEALS.

It is a commonplace observation that the men who are to-day being graduated from our medical schools come forth far better equipped for the practice of their art than were those mustered into its ranks some years ago. This premised, is it not to be deplored that the average medical practitioner is not a man of general culture, as we would have all members of a learned profession be? The world and its work was never better worth preparing for than now, for in science especially a new renaissance is arriving; the mysteries of natural law and human potency are being rapidly unveiled. The knighthood of the "Quest of Life" enrolls in the order of psychic and mechanical investigation and presses on to new accomplishment. Though neither wins the "Grail," each wins nearer to its laws. By the delicate ministrations of aseptic surgery, life is prolonged. Immunization lifts ever higher her red cross. Strong incentives these for the young men of our day. But the scarcity of broad culture is the "rift in the lute."

Perhaps one of the chief reasons for this condition is the fact of a premature election of vocational education. The minds and the efforts of the student are too soon and too narrowly directed towards those branches of learning which make for the future vocation. In this manner broad culture is missed in the curriculum, and this is unfortunately true in respect of all the learned professions. In our universities the tremendous influx of students, the confusion, the rush and the haste to enjoy the economical advantage of a degree have contributed much to this result. In our schools there is not a proper demarcation between the fundamental cultural studies of the early years and those preparatory to professional training of the later years. Early in his educational life the youth has been unfitted for liberal culture because the methods have been too highly specialized. The student has not sufficiently enjoyed in the lower grades instruction in the humanities before entering upon the studies preparatory to the vocation of life. A fundamental and sympathetic acquaintance with the humanities is as integral a part of a liberal education as a fundamental and sympathetic acquaintance with the sciences. In preparation for medicine the culture of science is of course nowadays not neglected, but the cultivation of the humanities too frequently is. In either case the education that should precede vocation is lacking, and the pursuit of the vocation becomes arid and material. "Quick returns" is the shibboleth; the riches and uplift of the humanities is bartered for a mess of pottage.

Education is to enjoy the best and know the best, as well as to produce the best. The degree of a learned profession should be something better than a meal check. It has been said with some truth that the allurements of Mammon are too often permitted to call our ingenuous youth from the proper business of school and college. Short roads tempt them to abandon the broad work of education and to go prematurely to schools of professional and technical instruction. The consequence is, the sending forth of half-educated men to plead the causes, to heal the diseases and to lead the thinking of this generation.—J. Dennis Arnold, in Cal. State Med. Jour.

THE VALUE OF ACCURATE DIAGNOSIS IN DISEASE.

By Dr. Beverley Robinson, of New York City, in the Medical Record, April 25, 1914.

To-day, more than ever, the importance of accurate diagnosis is recognized. Prognosis and treatment are not considered so essential, although formerly they were estimated of quite as much, or of more, value.

This was the day when there was not a little guesswork and when laboratory research was not advanced, even among the most distinguished professors and practitioners of medicine and surgery. Malaria was diagnosed without knowledge of the plasmodium. Diphtheria was affirmed to be present and yet the Klebs-Loffler bacillus had not been discovered. The tubercle organism was an unheard-of quantity, although pulmonary tuberculosis was declared to exist. In these diseases, diagnosis was fre-

quently correct, although the scientific accuracy of our day was lacking.

In other instances, error of interpretations of signs, as symptoms, was established, sooner or later. Do such mistakes occur to-day? Assuredly they do, but not so often as when we seniors were juniors. Is the advance made an unmixed good, or is it allied with some things that are evil, or steps backward? I, for one, believe there are serious drawbacks to later acquisitions. I shall mention a few: We have been latterly, as is now acknowledged by some of our ablest practitioners, prone to be too dependent upon reports from the laboratory. Errors of fact, or interpretations are discovered, and even among the best trained and most careful workers, in this special field. These errors are finally best controlled in my judgment by the broad and searching medical acumen, which is solely the product of long and large general practical experience at the bedside, as disease becomes manifest either within or without hospital wards. An intelligent and industrious physician, with ample opportunity to observe and to do, may become notably expert in any one special line of work. He cannot as a rule, become a narrower authority in more than one. In actual practice we may desire the help of more than one specialist in a given case. But ultimately the all-around family physician, if he has "mens sana in corpore sano," must rule or determine the issue to the great advantage of the health and well being of the patient—physical, moral, intellectual. What is most required to-day is to bring this fact clearly and forcibly to the minds of all men and women. Without this belief and resulting absolute confidence what is the outcome? Some men, alas, pretend to a knowledge they do not really possess; others think they know, but their knowledge is at best imperfect in certain directions, and the best available knowledge is what is most acquired for the amelioration or cure of disease.

Even with all the knowledge of the schools at our behest disease is happening and uncertain. Time alone, with continued, patient observation and care, will bring about the best results possible, in many such cases.

To me, so-called accurate diagnosis is a misnomer, simply because it deals almost exclusively with signs and symptoms that are judged almost solely with physical methods of research. The personal, individual equation is far too much ignored, or lost sight of completely. Nevertheless, it is this quantity in every man's, or woman's, ailment which is, if not the primary factor to be considered in the management of disease, at all events one of very great importance in almost every instance. Auscultation, palpation, percussion, mensuration, etc., have been exploited to the uttermost, but they are by no means, combined with other best methods of research, laboratory or physical, all we need. It is high time to cry a halt to their overvaluation. No science, no single expert advice, no series of examinations by experts can take the place of the comprehensive appreciation and doing of the wise, beneficent general practitioner of medicine. He it is who can solace, console; sometimes cure when others cannot. I pray earnestly the day may come again, and very soon, when poor, misguided, ill men and women, may lay to heart the facts stated in a very brief and imperfect way. When that day comes, as it surely will, the family adviser will be duly selected and implicitly obeyed, despite all the specialists brought into the case, even among the wealthiest, most powerful, or important in the world.

Editorials from Medical Journals

Optimism.

From A. M. A. Jour., May, 1914.

To look on the bright side of life and its affairs with an enthusiastic belief that everything is all right and for the best is ideal. This is especially true as it applies to those who come into contact with the sick. A physician, above all men, should be an optimist—ready to stimulate hope even though he may not have it himself. Hopefulness in the countenance and optimism in the words and actions of the physician are as sunshine in the sick-room; they stimulate hopefulness of recovery in the sick and a courage that often has potent influence for good. Even when recovery is not possible, good, not harm, is done. They make life worth living while it lasts. The psychic influence is always felt so long as consciousness remains. Paget, in his essays, speaking of hypochondriacs, says, "Your chances of doing goor will depend mainly on the skill with which you can influence the patient's mind; for of the components of his cases the mental condition is the worst."

The Physician's Income Tax.

From the Providence Medical Journal.

The Income Tax Law in its application to physicians assumes that a professional man's income shall include actual receipts for services rendered in the year for which return is made, together with unpaid accounts, charges for services or contingent income due for that year if good and collectible, and it further states that no account is to be considered worthless till legal proceedings to recover the same have proved fruitless or the debtor is insolvent. This, if interpreted literally, is a great injustice to the medical profession. The yearly income of the average physician is not over seventy per cent. of the volume of his business and the number of unpaid accounts is steadily increasing, so that any statement of income based on the amount charged is unfair. Moreover, if all bills are to be assumed as good until suit has been brought, this gross income will not be lessened by worthless accounts, for physicians, if they ever do bring suit, do not take action till years have elapsed.

In the interpretation of a law wherever its author and those intrusted with its enforcements admit that they do not understand its provisions, we are as well able to judge its meaning as they and, assuming that the law does not mean to be unfair, it is safe to assert that a physician's gross income is his cash receipts and not his worthless or delayed accounts. There is difficulty in determining also what are "necessary expenses." The phyician with an office practice and a bookkeeper can easily tell the cost of maintaining an office, but in general

practice, where the office is in his residence and his servants attend both office and household, the doctor will have difficulty in estimating the proportionate amount of expense to be charged to business.

Before the days of automobiles a horse and carriage were necessary to the practice of his profession, and their cost and maintenance a proper charge to expense. There is no reason why the automobile which replaces the horse should not be so considered. In the interpretation of a law which is puzzling even the experts our advice is to make the required statement in all honesty as we understand it and not as some one else thinks. If in error, the Government will correct it, but let it do the worrying. If it will teach physicians to keep an accurate set of books and conduct their business in a businesslike way, it will serve at least one good purpose.

Old Doc Gallinger.

From Harper's Weekly.

Senator Gallinger is rounding out his last term in the Senate. His distinguished career is drawing to a close. His latest triumph is his nation-wide campaign against vivisection. He proposes an investigation by the Public Health Service into the rumors that the doctors in New York hospitals use children instead of animals for experiments with serums. If Gallinger were a typical American, we should not be swift in condemning Russia for her excitement about "ritual murder." Senator Gallinger has already decided in his own mind "that a prima-facie case has been made out against some practitioners." Senator Gallinger proclaims the glad tidings that he is himself a physician. In truth, after an academic education that would not now admit him to any medical college of the first rank, he attended an "Electric Medical Institute" in Cincinnati in 1858, and achieved the degree of M.D. ten years later from the New York Homeopathic Medical College. After he had practiced medicine in Concord, N. H., for ten years, politics claimed him as its own. He opposes anything endorsed by the American Medical Association, like the Owen bill for a Department of Health, and the Children's Bureau with its inquiry into infant mortality. Nobody takes Senator Gallinger seriously as a senator. Why not let him strut about as an authority on medical subjects?

Doctors in the Legislature.

From The Journal-Lancet, Minneapolis, Minn.

It may be a far look ahead to the next meeting of the Legislature, particularly from a medical point of view; but the necessity of future work among representatives is very important. There are so many things medical that need the attention of the Legislature that it cannot have too many doctors among its members. * * * We need stronger men in the Legislature every year, men who have influence and who have knowledge of the necessities of the medical side of public life. The various sanatoria, for instance, who are projected for the cure of tuberculosis, will need each year the attention of medical men, and every medical man who is elected to the Legislature will be an important educational factor.

If the Economy and Efficiency Commission, for instance, is to introduce radical measures which may affect the various medical boards, we certainly need a physician to stand guard over an impossible situation. This, together with many other public health measures, is one which requires knowledge by the candidate, influence with his fellow men, and appreciation of what is necessary for the good of the citizens of Minnesota. Medical men generally fared rather badly at the last session in that important things which were vital to the citizens were pushed aside as unimportant. This may not happen again if we can combine our forces and show our needs. It is rather curious that among so many lawyers, who are members of the Legislature, there is not a better knowledge of what vital statistics means, and how much it means to every one, not only to-day, but for ten or fifteen years hence. The records of deaths and births are vital to the lawyer who is trying to establish the identity of his client, and he knows the necessity of a record of the births and deaths that have occurred for years to simplify legal proceedings; and not infrequently such a record is the means of putting his client on a substantial financial basis. One would think that a lawyer would see this at once, and would vote for vital statistics without hesitancy; and yet, when this matter was brought up at the last Legislature, the appropriation for vital statistics was cut out. * * *

The report of the Economy and Efficiency Commission will probably meet a good deal of hard sledding when it comes up for approval, and the whole situation will probably be thrashed out by the members of the House and Senate. Here a doctor can be of great service to his fellows in standing up for that which is reasonable and educational. It might be a good plan for the State Association to take up the question of doctors in politics, and to endorse various men from the districts or counties. If this be done it will be an easy step for the county and State societies to present to the Governor candidates for the various medical boards. For instance, when it comes to nominating men for the State Board of Health and State Board of Medical Examiners, the State Association or the district societies can offer a number of names from which the Governor will doubtless be glad to make a selection. In this way it is possible that these various medical boards can be removed from troublesome political intrusion. * * * If doctors were in the Legislature with county and State societies behind them, there would be no friction, political or medical.

What Blackguards Some Editors Be.

From the Critic and Guide.

"The ordinary assassin who offers his victim the ghost of a chance is an angel of mercy compared with him who, in the guise of friendship, inoculates a trusting patient with a loathesome disease."—Life.

Yes, and the prostitute who walks the street and the pimp who lives on her earnings, the burglar and the blackmailer, are saints in comparison with blackguardly editors who traduce and lie about the medical profession, who poison the people's minds against the most beneficent discoveries of medical science, and who are so depraved and perverted as to believe, or to want to make others believe, that physician's

are deliberately inoculating children and other helpless patients with syphilis, tuberculosis and cancer. The most complete dictionary of the English language lacks a word to properly characterize such editorial degenerates, such perverted slanderers.

THE COUNTRY OF THE BLACKMAILER.

Ours is the country par excellence of the blackmailer, extortionist and grafter. And this gentry is aided in its nefarious work by a huge horde of lawyers and shysters hungry for a bone, who will take any case on a contingent fee. And unfortunately there are many jelly-fish people, who will rather pay a small sum than incur the trouble and the publicity of a trial. Well, this is decidedly wrong and immoral. It encourages the rascals. There is but one correct policy, the policy that The Critic and Guide has been following since its birth: thousands for defence, but not a cent for blackmail.

Functional and Organic High Blood Pressure.

From American Medicine, November, 1913.

A distinction between functional and organic high blood pressure has been made by Dr. L. T. Thorne in a recent article in "The Practitioner." He finds that when there is much difference between the maximum and minimum readings it indicates degeneration of the arterial walls and that the extent of the lesions may be approximately judged by the amount of the difference. The healthy elastic arteries of young people expand under the systolic blood rush, thus preventing a high pressure, so that the difference between the minimum and maximum varies from 30 to 50 m. m. Hg. When the arteries are rigid on the other hand, this regulating arterial expansion is impossible and the pressure mounts much more with each pulsation. In such case the minimum might not be raised very much while the maximum might be increased out of all proportion if the heart is big and strong enough to overcome the obstruction. When the obstruction to the blood flow is caused by hypertonicity of the arterioles, which are in a condition of more or less spasm from some form of poisoning, the minimum is raised proportionally with the maximum. That is, there is still enough arterial expansion to prevent the heart from causing more than the normal pulsation increase of pressure. Thorne does not use the words diastolic and systolic because the minimum and maximum have no close relationship to the diastole and systole of the heart.

The importance of differential blood pressure readings is quite evident. If we find a case in which both readings are high and the difference between them normal, with no evidence of arteriosclerosis, we are justified in considering it a sign of a functional disturbance, and we can confidently predict a cure as soon as we have found the source of the poison which is stimulating the vasoconstrictors into a veritable spasm. Regulation of diet and correction of other abnormalities might restore to perfect health and assure a long life to one who is otherwise on the road to invalidism and premature death. In the other cases, where the difference between the two readings is much more than 40 m. m., it may reveal a condition of arteriosclerosis not evident in the superficial arteries, but which of itself may do irreparable harm if the manner of living is not regulated. And of course it aids us in finding the remote cause and in preventing further arterial degeneration. Thorne uses a Martin sphygmomanometer and an Olive tampon at the bend of the elbow, and assumes that the minimum pressure is recored when the first faint pulsation bruit is heard, and the maximum when the pressure on the artery obliterates the bruit. There will be differences in the readings according to the way we take them, so that the records of one observer may differ from those of another in the same case, and allowance must be made, for this in the clinical reports of cases, but any method of taking the two pressures will do for the purpose of showing the differences and the effects of treatment. His paper by-the-way, seems designed more to call attention to the fact that Nauheim baths have a decided effect in lowering blood pressure and that the generally received belief to the contrary is erroneous. When the heart is embarrassed from the loss of compensation, it is quite essential to relieve it, and it would be a good plan to find out whether other kinds of baths at home would not be equally efficacious. We might obviate the necessity of a long journey which is out of the reach of most patients anyhow. Balneotherapy seems destined to be of considerable importance but, as we have frequently noted, it must be put on a solid scientific basis of observation and experiment to eliminate the absurd claims of ignorant empiricists who have brought so much deserved discredit on the spas used for robbing visitors who think they are sick.

Classifying Mental Defects.

From American Medicine, February, 1914.

The grading of mental deficiency seems to be the stumbling block over which the eugenists are quarreling. Davenport has failed to state how far a weakness may go before it can be considered as unfitting one for accurate reasoning. He has unconsciously given the unfortunate impression that he favored the marriage of the incompetent and this seems to have raised the ire of the English workers. He has also stated that a man with a tendency to the milder forms of manic-depressive insanity may have normal offspring if mated with strong mental stock. This opinion will probably arouse strong protest from psychiatrists who have so long been pointing out the alleged transmission of such nervous instability. Davenport seems here to have gone too far. Nevertheless his opinion is in line with the growing mass of proofs that most defects of this nature are non-transmissible results of environmental factors. Offspring may be normal environment. It is not strictly eugenics at all, but a correction of pathologic defects due to occasional adversities. Laws of inheritance do not enter into the problem at all. There is then no excuse for the anti-Americanism shown by the Galton Laboratory. It has been under very severe fire itself at the hands of British physicians, whose experience shows them that proper conclusions are not always formed from statistics. The lesson the medical profession may learn from the present controversy is that the science of eugenics is yet too new to draw safe inferences from the data at hand. There

are such a multitude of factors modifying the organism before birth, as well as after, that it will take a long time to determine which modifications are permanent, and which are so severe as to unfit for procreation.

Rhinogenous Meningitis.

From the Medical Record, September 13th.

That meningitis may develop after fractures which involve both the cranium and nasal chambers is well known, and nontraumatic cases enough occur in which the evidence of a rhinogenous origin of a meningitis is almost as apparent. Of recent years it has been assumed that in cerebrospinal meningitis the infectious germ enters the skull through the contiguous nasal fossæ. At a recent session of the Physiomedical Society of Jena (Muenchener medizinische Wochenschrift, August 19) Zange reported a case of cured rhinogenous meningitis which was of extreme interest. The patient was a young women, entered in the clinic for diplococcus pneumonia, with a metastatic empyema of the left frontal sinus, which required radical operation. The left dura was injured therby and meningitis at once developed and pursued the course in the main of an aseptic inflammation, infective bacteria being absent throughout. Hexamethylenamine was given very freely, and drainage secured. Reichmann favors itravenous injections of colloidal mococcia), and regards this as hostile to general infection.

Editorials from the Lay Press.

The Friedmann Turtle Serum Cure.

From the Newark Evening News.

The Friedmann turtle serum cure for consumption has gone the way of a thousand and one other alleged specifics for this disease. It differs from most of the other so-called cures only in the suddenness with which it rose to eminence and fell into the discard. The need of thoroughly trying out all tuberculosis cures before they are announced to the people becomes more apparent after each such failure.

Back-Alley Tactics.

From Collier's Weekly.

The enemies of truth are everlastingly on the job. We are led to this generalization by the latest move of the antivivisection gang. That branch calling itself the New England Anti-Vivisection Society sends the following letter to New England physicians:

"Dr. Forbes Winslow, of London, who has received the highest honors both Cambridge and Oxford have to bestow, recently declared that: 'Only five per cent. of the entire medical profession are advocates of vivisection; there are many more eminent men in my profession who are adverse to vivisection than who are in favor of it.' Because we are eager to learn just how fully Dr. Winslow's expert opinion applies to the medical profession in this country, and also because our society is so constantly asked for a list of physicians who do not believe in vivisection, we are addressing this letter to the physicians of the New England States, asking the favor of a reply to at least some of the enclosed questions. When the list is published it will contain the questions asked, and not only the names of those who are in favor of vivisection and of those opposed to it, but also the names of those who have failed to reply. Your early response will be appreciated."

The accompanying questions are craftily contrived to force the physician into indorsing the antivivisection movement, or to write himself down as utterly callous and hard-hearted. But note the veiled threat in the second clause of the second paragraph. It vaguely intimates that it may blacklist any doctor who has stamina enough to stand up for the truth. "Back us or we'l make you sorry," is the implied threat. This smacks of the boycott and the methods of the blackmailer. A sweet business to be conducted by a movement which aspires to wear an ethical halo! Fortunately the doctors of New England will not "lie down" under this treatment. Some of the answers to this epistle are likely to be emphatic enough to penetrate even an antivivisectionist's hide. And we can think of no possible action from the antivivisection "crusades" which will more effectually strengthen and unite the medical profession in its convictions about vivisection.

The Feeble-Minded at Large.

From the N. Y. Tribune, May 11th.

The Legislature should provide additional facilities for the care of feeble-minded persons now at large. It is falling behind in this humanitarian work. In 1890 there were 19,230 of these persons at large. In 1913 there were 22,600 outside of institutions. In those twenty-three years the capacity of institutions for the care of this class of weaklings had increased only 4,130.

Governor Glynn suggests a bond issue for the purpose of increasing the capacity of Letchworth Village, the Rome Custodial Asylum and Craig Colony. Governor Hughes made a similar suggestion in his administration. It is not a partisan question, and it should not be regarded from partisan point of view.

It is the plain duty of the State to protect itself from the 22,000 feeble-minded persons now at large and to restrict their opportunities for leaving progeny. The feeble-minded have furnished the last three assailants of prominent public men in this country, the men who shot Colonel Roosevelt and Mayor Gaynor and the man who tried to shoot Mayor Mitchel. A wise policy on the part of the State and others toward deficiency could have prevented these assaults and it would restrict the influence of heredity in keeping up deficiency in the future. It would lessen crime. It would save society more than it would cost. And it would diminish the problem for the future.

Getting It Out of the Doctors.

From Harper's Weekly.

In April, 1912, suit was brought against two noted surgeon of the German Hospital in New York City for leaving, after operation, two sponges in the plaintiff's abdomen. What actually happened was that the family physician later did a minor operation during which he used two pieces of absorbent cotton. It was those two pieces which the plaintff assumed had been abiding in his abdomen since his first operation. Newspapers all over the country

printed headlines telling how the fellow bunglers had sewed up those two sponges within their victim—first-class copy. When the case came up for trial it was proved that one of these alleged miscreants had not even been present at the hospital operation; that absorbent cotton is never used in the German Hospital for abdominal sponges; that the family physician had postively assured the plaintiff the cotton he had used had never been inside the latter's abdomen, which he had, furthermore, never opened. The jury ended the suit of that G .P. (in medical parlance, grateful patient). Those surgeons have been harassed through two years and have had to engage counsel at loss to themselves, when their sole crime was having devoted their consideration and skill to a patient who was shown to have had not only one but four serious diseases—hernia, Bright's, diabetes and a heart lesion—and who, through their ministrations, nevertheless still lives. Medical history teems with accounts of such suits, almost always instituted by charity patients. Are there headlines telling of the issue of this suit? Hardly; where would be the news value?

The Mosquito.

From the Daily State Gazette, Trenton.

Sir William Willcocks, who has been testifying before the house committee on rivers and harbors, is authority for the statement that mosquitoes and malaria are doomed.

He was invited to this country to give information relative to the flood problems of the Mississippi. He believes that it is possible to put that great waterway in a straight-jacket, and incidentally he touched on the mosquito nuisance. He says that he would not swat the mosquito, but that he would establish a scientific system of drainage that would make the little pest an impossibility.

This is in accordance with the views of our own engineers and in harmony with the work that has already been done in New Jersey and elsewhere, says the Philadelphia Inquirer. It is the small things of life that count after all, and the men who relieves us of the pests that help to make life miserable are entitled to our gratitude.

There was a day when the mosquito was taken as a necessary evil, but happily that time has past, and those who spend part of the year in what was formerly the mosquito belt, can now look forward to a period of comparative quiet and peace.

Patent Medicine.

From Progressive Farmer, Raleigh, N. C.

This is the time of the year that the patent medicine quack gets in his best work. I know that you do not use it, but there are people whom you can influence who do. Tell them that the doctor, who knows what is in these concoctions, would not give them to his family, that the chemist wonders how any one can trifle with his own health, and even the manufacturers of it whom I have known take the attitude, when reproached for selling it, of, "Well, there are folks who will take some kind of stuff from a bottle. I might as well be the one to profit by their ignorance as any one else."

Less than a week ago a friend of mine admired the home of a man whose money was made through one of the "female" (how I dislike the word!) remedies advertised at every country store. He laughed and replied, "Yes, it was built of woman's health." "Woman's health, your grandmother!" she ejaculated, "it was woman's credulity." "Oh, well, if you like to put it that way," he said, "they think they got the health, I know I got the house."

Therapeutic Notes.

Asphyxiation, Treatment of.

McCombs summarizes the treatment of poisoning by illuminating gas as follows:

I. First stage, preceding loss of consciousness: 1. Fresh air. 2. Aromatic spirit of ammonia. 3. Effervescent sodium phosphate, to produce eructations and relieve nausea. 4. Oxygen inhalation. 5. Analgesics for headache. 6. Avoidance of violent exertion.—II. Second stage, patient unconscious, but breathing: 1. Artificial respiration, rhythmic compression of lower thorax to assist breathing. 2. Oxygen, preferably under pressure. 3. Camphor, caffeine, digitalis, and strychnine hypodermically. 4. External heat, if indicated. 5. Massage of muscles after aerating lungs. 6. Treatment to be conducted in warm room. 7. If not prompt recovery, venesection and normal saline infusion, or use of "pulmotor."—III. Third stage, patient unconscious and not breathing: 1. Same measures as in preceding stage. 2. Blood transfusion. 3. Artificial respiration by Schafer method, patient prone.

Cough—Irritable.

Dr. A. P. Luff has found the following a useful mixture for the relief of irritable cough, and especially of post-influenzal cough:

℞ Morphine hydrochloride, 1/24 grain.
Heroine hydrochloride, 1/24 grain.
Apomorphine hydrochloride, 1/48 grain.
Dilute hydrochloric acid, 5 minims.
Syrup of wild cherry, ½ dram.
Chloroform water, ad ½ ounce.

This dose should be taken every four hours. The medicine is very palatable and the presence of the hydrochloric acid effectually prevents the precipitation of any of the alkaloids.—Lancet.

Delirium Tremens; Sodium Bromide Injections In.

Dr. S. P. Kramer, in the Boston Medical and Surgical Journal, says that in delirium tremens the amount of cerebrospinal fluid is markedly increased, and the fluid is highly toxic, its injection into dogs bringing on a rapid fall in blood pressure. The author's plan of treatment consists in withdrawal of cerebrospinal fluid through lumbar puncture in amounts as great as possible—50 to 60 c.c. An equal amount of a sterile 1 per cent. solution of sodium bromide is then injected with a syringe. This amount, and even as much as 80 c.c., of fluid was injected into the subdural space in a period of one minute without the least sign of intracranial pressure. Sodium bromide is not toxic to the nervous system. The potassium salt should not be used, as it is slightly irritating. The patients, as a rule, showed immediate improvement, delirium being lessened within a

few minutes after the injection. This improvement disappears after a short time, to be followed, however, in from twelve to fifteen hours by a permanent disappearance of the dilirium. Occasionally, after a few days there may be a relapse, which is usually controlled by a repetition of the injection.

(It may not be out of place to observe that this method of treatment is safe in the hands of a competent physicians who exercises care and good judgment.—Editor.)

Eczema in Infants.

Dr. Frank vander Bogert, of Schenectady, at the recent meeting of the N. Y. State Medical Society, reported a case of eczema in a breast-fed infant in which examination of the mother's milk showed a fat percentage of 10 per cent. in one breast, while in the other breast the fat percentage was subnormal. This case was cured in one week by prohibiting the use of the high fat breast and regulating the mother's diet and exercise. Two other cases were cited in which the use of citrate of sodium with the food was effective in clearing up the eczema.

Emphysema.

℞ Potass, iodid. .....gr. v
Morph. sulph. .....gr. 1-12
Tr. bellad. .....m. v.
Spir. aether. comp.....m. xlv
Aquae, q. s. ad.....ʒij.
M. Sig: ʒij p. r. n.

The A. B. C. diuretic:

℞ Potass. acet.
Potass. bicarb.
Potass. citrat., aa.....gr. xv
Infus. digit. recent., q. s. ad.....ʒij.
M. Sig.: Take two fluidrachms every 3 to 4 hours.

℞ Ext. quebrach. fl.....ʒij
Tr. stramon. .....ʒij
Vini antim.fl.....m. xviij
Syrup. grind. rob.....℥j
Syrup. senegae .....℥ss
Syrup. tolutan., q. s. ad.....℥iv
M. S.: ʒj t. i. d.

℞ Pulv. stram. fol.....℥j
Pulv. cascaril. cort.....ʒij
Potass. nitrat. .....℥ss
Pulv. ipecac. .....℥ss
M. Sig.: Dry thoroly. To be burned and the smoke inhaled during attack.

Erysipelas.

Dr. Aspinwall Judd, in the Medical Summary, recommends carbolic acid as being almost a specific in erysipelas. A strong solution is painted on the surface until it whitens and then is followed by swabbing with alcohol. The treatment should go an inch beyond the border of the eruption to destroy all germs. The unbearable itching, burning and throbbing are relieved at once, fever declines and the general symptoms are relieved The author states that he has treated successfully 67 cases and five cases in which it failed. No scarring results. The superficial layers of the skin come off as in mild sunburn and the complexion is improved.

Genital Herpes.

Queyrat, in Paris medical, is credited with the following ointment to be employed in this affection:—

℞ Mentholis,
Guaiacolis, aa gr. iij.
Zinc oxidi, ʒss.
Unguenti aquœ rosæ (recentis), ℥v.
M. et ft. unguentum.—N. Y. Med. Jour.

Gonorrhoea—Caviblen Treatment Of.

An important contribution to the treatment of gonorrhea comes from Neisser's clinic. One of his assistanits, Bruck, has devised a 40 per cent. combination of silver with the stain uranin, which is said to surpass at once in effectiveness and in lack of irritating properties all other preparations. Uranoblen as it is called is a reddish-brown powder and is used in the form of bougies to which the name caviblen rods (Caviblenstaebchen) has been given. They are prepared in two lengths, for anterior and posterior urethritis, and in several strengths. They are used just like the well-known protargol bougies and, if the writers' statement are to be credited, mark a new era in the treatment of gonorrhea. For the details of their use, the reader must be referred to the original article.

Heartburn in Pregnancy.

Dr. Hart ("Guide to Midwifery") states that, while heartburn is a very common symptom in pregnancy, it demands attention, since there are always suspicions that it may prove a persistent condition. It may also indicate that in the later stages of pregnancy albumin will appear in the urine.

The patient should be given 10 drops of the B. P. saccharated lime solution in each glass of milk she takes. The lime solution in question is made by shaking calcium hydroxide with a solution of refined sugar and allowing the excess to settle, and contains the equivalent of about 8 grains of lime in each fluidounce.

The following preparation should also be administered:—

℞ Bismuthi subnitratis, gr. x.
Sodii bicarbonatis, gr. vj.
Pulveris rhei, gr. ij.
Fiat pulvis. Mitte tales no. xxiv.
Sig.: One powder twice daily after food in a wafer moistened with water.—Med. Summary.

Hyperacidity—Treatment Of.

Dr. Glaessner, in Wien. Kin. Woch., says: Small amounts of biliary acids introduced into the stomach, are able considerably to depress the secretion both of pepsin and of hydrochloric acid. In this way, the pains of gastric ulcer or erosions may be controlled unless the ulcer be much indurated or penetrating. The good effect, in the author's experience, usually persists even after the treatment is discontinued. It is successful if the ulceration is accompanied by hyperacidity or normal acidity but not in the presence of a subacidity or anacidity. He administers 0.5 to 0.6 grm. cholic acid daily, a dose which is never productive of ill results.

Lead Colic.

After the relief of the severest pain of colic the following is an excellent formula for the

purpose of eliminating the lead and stimulating the stomach:

℞ Potassii iodidi, gr. xl.
Magnesii sulphatis, ℥j.
Tincturae nucis vomicae, ʒv.
Aquae cinnamomi, q. s. ad ℥viij.

Sig.: Two teaspoonfuls night and early morning.—Indian Medical Record.

Mouth Washes—Salowash.

Salol	2 gram.
Peppermint oil	1 cc.
Clove oil	0.5 cc.
Cinnamon oil	0.5 cc.
Anise oil	0.5 cc.
Alcohol (90%) to make	200 cc.

Swedish Wash.

Boric acid	50 grams
Borax	5 grams
Tincture of cloves	25 cc.
Water	4000 cc.

Pneumonia—Treatment Of.

Ethylhydrocupreine hydrochloride, a salt of a derivative of cupreine, an alkaloid closely related chemically to quinine, was given internally by the author in cases of pneumococcic lung inflammation, with good results. The dose was usually 0.5 Gm. (7½ grains) three times a day, the daily amount not exceeding 1.5 Gm. (23 grains). In 9 cases no other medication was employed; in all of these the temperature fell more rapidly, by crisis or lysis, than with other methods of treatment. The drug unquestionably inhibits the growth of the pneumococcus, particularly if used in the early stages of the disease. Where there was no effect, the pneumonia was generally dependent upon some other infection. No untoward after-effects were observed, although one patient took altogether 9.5 Gm. (2⅓ drams). H. J. Vetlesen (Berliner klinische Wochenschrift, August 11, 1913.)

Progressive Paralysis—Treatment.

Dr. Pilcz, in Muench. Med. Woch., says ever since it has been noted that paretics often improve after intercurrent febrile affections, the attempt has been repeatedly made to use therapeutically substances that induce fever and leucocytosis. And, indeed, long continued remissions have so been obtained, much longer than those that occur spontaneously. Mercury and salvarsan alone are of little avail and, indeed often do harm, but a combination of the specific therapy with this newer one may produce good results.

Pilcz gives a daily injection alternately of tuberculin and of mercury succinamide. The former is given in increasing doses, beginning with 5 mgrm., until 1.0 grm. has been used; of the latter, 0.02. grm. is given each time. Instead of the tuberculin, killed cultures of staphylococci or streptococci, or a solution of sodium nucleinate may be used; the mercury may be replaced by salvarsan.

Spasm of the Colon.

Dr. W. A. Edwards notes that Mummery uses belladonna to prevent spasm of the colon, in the following:

℞ Tincture of hyoscyamus, ½ dram.
Tincture of belladonna, 6 minims.
Sodium bicarbonate, 20 grains.
Tincture of ginger, 15 minims.
Spirit of chloroform, 20 minims.
Peppermint water, ad 1 ounce.

This dose should be given three times daily. A laxative should be administered at the same time.

Bedsores.

Sponging with a one-in-eighty solution of creosote in alcohol, is excellent in the treatment and prevention of bedsores.
—Medical Summary.

Vomiting—Treatment Of.

The author reports the cure of a severe case of vomiting of pregnancy by the administration of 1/36 grain (0.0018 Gm.) of apomorphine in a teaspoonful of water. He has used this measure in other cases of vomiting or nausea with like good results. In the minute quantities employed the drug quiets the inflamed gastric mucosa and produces no ill effects.—M. Field (Journal of the American Medical Association).

Caffeine as a Heart Stimulant.

Ortner regards caffeine as a more efficient substitute for digitalis than is either strophanthus, sparteine, or convallaria. He states that in physiological doses caffeine strengthens the heart muscle, expands the coronary vessels, increases the peripheral arterial pressure, quickens the pulse at first and then slows it, and increases diuresis by direct stimulation of the renal epithelium. It is the best substitute for digitalis if the blood pressure is low—never if it is high—and its use is particularly advisable if marked alterations in the heart muscle contraindicate digitalis. It has an effect in the last stage of cardiac insufficiency when all other heart stimulants are useless.

Caffeine is best given in one of its loose double compounds, as caffeine-sodium benzoate, caffeine-sodium cinnamylate, and caffeine-sodium salicylate. As a heart stimulant the dose of any one of these is 10 to 15 grains daily. The following prescription is recommended:

℞ Caffeine-sodium benzoate, or salicylate, 3 grams.
Distilled water, 130 grams.
Jamaica rum, 20 grams.

Of this solution 1 tablespoonful should be given 3 times a day.

A solution of caffeine is preferable to a powder, as caffeine in the solid form causes in many individuals discomfort or pain in the stomach, nausea, and vomiting.

Caffeine may be administered together with digitalis, as in the following:

℞ Infusion of digitalis, 180 grams.
Caffeine-sodium benzoate, 1 gram.
Simple syrup, 15 grams.

The dose of this mixture is 1 tablespoonful 3 times a day.

Braun has shown in experiments on animals that caffeine counterbalances the tendency of digitalis to contract the coronary vessels of the heart.

Pain in the Groin in Young Men.

Dr. Spoerl, in Mauchener med. Woch., states that in dozens of cases in the course of his long practice young men about twenty have applied

to him on account of pain in the inguinal region, alarming them as indicating impending hernia. A number had already provided themselves with trusses, but no tendency to hernia could be detected. Spoerl explains the pain as a kind of colic of the spermatic cord associated with neuralgia of the nerve which passes with the spermatic cord through the inguinal canal, and a truss is the worst possible measure in such cases. What is needed is light massage of the region with sedatives internally or in an anal suppository. Local injection of an anesthetic might also prove useful by the infiltration epinephrin technic.

In laryngismus stridulus or false croup, look for adenoids, enlarged tonsils, disorders of digestion or worms.

Strontium bromide is highly commended by German-See in fermentative dyspepsia. It is distinctly less irritating than potassium bromide and is a valuable nerve sedative, while its influence on the circulation and gastro-intestinal tract is most kindly.—American Medicine.

In flatulent dyspepsia, three drops of oil of cajuput on a piece of sugar or crumb of bread, taken frequently, is worth all the other antifermentatives put together. It is not only antiseptic but agreeable.—Murrell.

Put into a tumbler about two ounces of strong lemonade, using nearly half a lemon. Pour in the desired quantity of castor oil. Just as you are ready to give it stir in about one-quarter teaspoonful of baking soda. It will foam to the top of the glass. Have the patient drink it while it is effervescing. Even the oiliness of the dose is not detected.

—"Trained Nurse."

Dr. Carle, of Lyons, after a study of 2,000 cases concludes that the ordinary complications and sequelæ of gonorrheal urethritis are at least five times more frequent in the cases treated without injections of any kind, the single excepted complication being peri-urethritis which is more common after the so-called abortive treatment. The abortive treatment he regards as improper.

Either trifacial neuralgia or a severe and intractable migraine can often be permanently cured by a good rhinologist. The cause is very often found in the superior or middle meatus of the nose. When the trouble is of intranasal origin the attacks of pain are likely to begin in the naso-orbital or orsofrontal region, and between attacks pressure here reveals tenderness. In all cases of migraine or trifacial neuralgia be sure to have the nose examined and put in order.—Dr. W. T. Coughlin, St. Louis.

New Indican Reaction.—The reaction is obtained by the following method: To 10 c.c. of urine are added 2 c.c. of a 20 per cent. lead acetate solution. The mixture is then shaken and filtered. To the filtrate are added ½ c.c. of a 10 per cent. alcoholic solution of thymol, 10 c.c. of ferric chloride hydrochloric acid (Obermeyer's reagent), and 4 c.c. of chloroform. After this the entire mixture is well shaken. In the presence of the most minute trace of indican the chloroform exhibits a beautiful violet coloration. This reaction is much more sensitive than the other indican tests in general use. A Jolles, in Zeitschr. f. physiol. Chemie.)

Hospitals.

The Children's Hospital of Philadelphia is to have a new building to cost one million dollars. Over one-third of that amount has already been pledged and the corner-stone laid.

Three trachoma hospitals have been located in Kentucky. All of them will be under the direction of the U. S. Public Health Service.

Burlington County Hospital.

The thirty-fourth annual report of this hospital has recently been issued. It shows number of patients January 1, 1913, 13; admitted during 1913, 344; number of out patients, 374; treated at Mt. Holly Fair, 55; total, 786. Cured, 330; improved, 14; unimproved, 16; died, 34; remaining December 31, 1913, 18. Medical cases, 72 of the 115 cured; surgical cases, 197 of the 236 were cured; gynecological cases, all 6 cured. Dr. Richard H. Parsons, Mt. Holly, is superintendent. With him on the staff are Drs. R. C. Barrington, W. P. Melcher, E. D. Prickett and J. J. Flynn. Also visiting physicians and surgeons: Drs. Joseph Stokes, Alex. H. Small, G. Eugene Harbert, D. H. Bartine Ulmer and Emma Metzer.

Cooper Hospital, Camden.

The annual commencement exercises of the Training School for Nurses of Cooper Hospital were held May 21st. The address to the thirteen graduates was delivered by Dr. E. A. Y. Shellenger of Camden.

Dover Hospital.

It was announced recently that the officers of the Dover Hospital Association had accepted the offer of former Mayor George Pierson for the transfer of the Richard George property in Lawrence street for hospital purposes. In announcing the decision of the officers, Mrs. M. Munson Searing, the president, said Mr. Pierson had agreed to let the association have the property for $7,000, on terms of $2,000 cash and the balance on mortgage at five per cent.

The property is located at the head of Lawrence street and is about twenty minutes' walk from the centre of town. It is in the highest residential section of the town, and from the site a beautiful panoramic view can be had of the surrounding country. The building is of three stories and basement, with spacious porches and sun parlors. There are sixteen large rooms and three baths in the building, and running water in all the bedrooms. The tract covers nearly four acres, on which are many beautiful trees.

Hackensack Hospital.

The governors of this hospital at a recent meeting reported $86,600 as the amount of the pledges secured during the recent campaign of

which $49,543 had been paid to date and that $29,473 had been already expended and about $20,000 had been set aside as an endowment and reserve fund.

Mercer Hospital, Trenton.

The annual graduation exercises of this hospital's Training School for Nurses were held May 21, when four nurses received their diplomas. Dr. Ernest Laplace of Philadelphia delivered the address on "The Modern Antiseptic Destruction of Germs."

Morristown Memorial Hospital.

An active campaign has been carried on during the past two weeks to raise $100,000 for the purpose of adding a new modernly equipped wing to this hospital and in making important changes in the old building. Further report will be given next month.

The eighteenth class of this Hospital's Training School held its graduating exercises May 14th, when six nurses received their diplomas.

Orange Memorial Hospital Training School.

Nine young women received diplomas at the annual commencement exercises held in the Woman's Club building, East Orange, May 7th. Rev. W. W. Biles and Dr. Richard D. Freeman delivered addresses, the latter on "Tact."

Morris County Tuberculosis Hospital.

This hospital, located among the hills two miles from Morris Plains, was opened May 21st for the reception of patients, when five entered. One of the shacks connected with the building is completed, that for women. For the other one the foundation is up and material on the ground to go on with the superstructure. This will contain an examining room for patients in addition to other accommodations.

The main building is two and one-half stories high, of brick and concrete, heated by steam and illuminated by electricity. On the first floor are an office, dining and sitting room for nurses, a dining room for patients, with pantry attached, and five rooms for patients. The dining and sitting rooms are furnished in mission style furniture of oak, while the rest of the furnishing is in white enamel. On the second floor are five more patients' rooms, now occupied by the help, and rooms for the nurses. The third floor is being fitted up for the help and for storage. In the basement are a kitchen, pantry, dining room for the help, a laundry supplied with tubs and a dish-washing machine, storeroom, furnace room and a morgue. Under the rear piazzas is the large refrigerator for the institution.

Millville Hospital.

A Philadelphia architect has prepared revised plans for a two-story brick municipal hospital for Millville, to cost $20,00. It will be 32x100 feet.

St. Joseph's Hospital, Jersey City.

This hospital has recently completed its fifty years of service and celebrated its golden jubilee. We understand a detailed account has recently been prepared by Dr. Thomas J. McLoughlin, the medical director. During its first year it had only 25 patients, with 6 beds and 4 Sisters serving. In 1875 it had over 100 beds. During its 50 years 109,493 patients have been cared for.

In 1913 the total number of patients in all departments aggregated 7,848. In its out-patient department 5,243. The total amount of current expenses was $38,123. There are no endowment beds. From patients $9,122 was received. The general summary of the work of 1913 was: Medical cases treated, 802; gynecological cases, 306; surgical cases, 1,497; total, 2,605. Cases treated in the out-patient department, 5,243. General surgical operations, 702; gynecological operations, 298. Laboratory examinations, 1,492. X-ray radiographs, 536. X-ray treatments, 122. Ambulance calls, 1,076. Total cases treated, 7,848.

Stumpf Memorial Hospital, Kearny.

The addition to this hospital has been completed. Five patients are already occupying it. The capacity of the hospital has been doubled by building the addition. Before the annex was finished it was necessary at times for the nurses to give up their beds on account of the taxing of the accommodations. The addition contains four wards and eighteen beds and is on the easterly side in the form of an open porch. The glass windows in pleasant weather are replaced by screens.

Union County Hospitals Receive Funds.

The Board of Freeholders on May 7th appropriated $50,000 to the following hospitals: Elizabeth General, $18,000; St. Elizabeth, $12,500; Alexian Brothers, $9,000; Muhlenberg, Plainfield, $7,000; Summit Hospital, Summit, $3,500.

Vineland Training School Hospital.

Dr. L. F. Hatch has presented to the Training School the outfit formerly used at the Vineland Hospital to be used as a part of the equipment for the new hospital at the institution.

New Department at Trenton State Hospital.

A new department, to be known as that of pathological research, may be established at the New Jersey State Hospital for the Insane in this city. At a meeting of the board of managers the matter was discussed and a committee was appointed to look into the question. This committee will make a report later on the advisability of creating such a department; it is composed of Dr. Stewart Paton, of Princeton; Dr. Tracy, of Beverly, and Dr. Joseph E. Raycroft, of Princeton. It is believed that this department would be invaluable at the State Institution.

Dr. Girard Lebre, of Baltimore, was recently appointed as chief physician to take charge of the new X-ray machine at the State hospital. The legislature some time ago appropriated funds for the purchase of a modern X-ray machine for use at the asylum.

Hospital for Alcohol, Opium and Cocaine Addicts

It is refreshing to find people who know what they want to do and who then proceed to set about doing it in a logical and orderly manner.

The people of Virginia instead of proceeding in an hysterical manner to penalize all drug addicts in that State with a punishment more brutal and cowardly than any devised since man discarded the thumbscrew and the rack, have introduced into their legislature a bill to provide for a one hundred and fifty thousand dollar hospital for alcoholics and opium and cocaine addicts. The maintenance of the institution is to be met by an increase of 50 per cent. in the liquor taxes, the proceeds of which increase are all to go to the hospital. It is said that the bill has a practically unanimous following in the legislature and will probably become a law almost at once. This legislation savors of common sense—not to say real statesmanship. It is too late to commend this example to the State of Ohio, which has blundered into an attempted abolition of the traffic in narcotics without first supplying a haven of refuge to the unhappy victims of narcotizing drugs, but it is not too late to call the attention of the Congress of the United States to the contrast provided by the Virginia measure and the vicious Harrison bill which is now before the national senate. This Harrison bill will raise a violent protest from the medical profession after its enforcement begins by the internal revenue collection office, but, unfortunately, we have heard of no protest against its passage which is predicted to occur within a short time.

—The Lancet-Clinic, Cincinnati.

Medical Ethics in the Hospital.

At the meeting of the Board of Trustees, of Grace Hospital, Detroit, a special effort was made towards raising the standard of Medical Ethics. The Board adopted a resolution requiring the present and all subsequent members of the various Medical Staffs of the Hospital to take a decided stand against violators of medical ethics, and especially against surgeons and physicians who drum up business by splitting fees. The entire Attending Medical Staff at a combined meeting, held Tuesday evening, February 17, adopted a resolution requesting the Board of Trustees to make it obligatory for all members of the Attending Medical Staff to sign a "Declaration" opposing the practice of fee splitting and the soliciting of surgical work as contrary to the general principle of medical and surgical ethics and the welfare of the public. This was unanimously adopted by the Medical Staff at this meeting and confirmed by the Board of Trustees, and thereby was made one of the official rules of the Hospital.

DECLARATION.

I hereby promise upon my honor as a gentleman that I will not, so long as I am a Member of The Grace Hospital Medical Staff, practice division of fees in any form; neither will I submit bills for others referring patients to me; nor will I permit them to submit bills for me; nor joint fees with physicians or surgeons referring patients to me for operation or consultation; neither will I in any way, directly or indirectly, compensate any one referring patients to me; nor will I utilize any man as an assistant as a subterfuge for this purpose. I furthermore agree to studiously avoid visiting, treating or advising the patient of another physician without his knowledge or consent; and furthermore agree to maintain in my relations with other physicians the highest recognized standard of Medical Ethics, whether in consultation or in hospital work.

Hospital Architecture.

R. E. Schmidt, Chicago (Journal A. M. A., January 24), sketches the construction and architecture of the ideal large charity hospital in all its departments from the administration building down to the garbage incinerators. The article is not capable of a brief abstract as it is all details, but it is worth reading as a contribution, the result of a careful study of the subject.

The Small Hospital.

H. C. Cole, Bogalusa, La., in the Journal A. M. A., February 7, describes the organization and management of a small hospital for fifty patients built and supported by two large corporations. The construction cost $41,000, including the equipment, and the annual expense, including physicians', superintendents' and nurses' salaries, is $30,501. It supports a training-school for nurses with a two-year course. The hospital fund is made up by deduction from the wages of the nine or ten thousand employees of the two corporations, who receive full medical attention of all kinds without charge except a nominal fee for obstetric and venereal cases.

Hospital Special Service.

At a meeting held in Newark May 5th, to consider this subject, Dr. E. J. Iill said he believed that a majority of the doctors of Newark would favor the inauguration of social service in the local hospitals. He said also that general practitioners are very busy men and commonly too busy to be able to get much authentic information concerning the histories of their patients, and that this would constitute the great value of the social worker to the physician. Miss E. T. Cavin, of Philadelphia, said that the task of the social worker is primarily to help the doctor to complete and carry out the cure of the patient and to so get into the private life of the patient—to know the man as a man—that he or she would be able to get down to the conditions which, in many cases, really caused the disease.

The Value of Hospital Records.

While during the past few years there has been marked improvement in the keeping of hospital records or histories, the work of so keeping and arranging these as to be of real value to those other than the physicians or surgeons having the cases in hand has not progressed as it should have. The enormous amount of hospital experience that is going to waste from a lack of proper record and that should be available to the ordinary, busy physician, either general or hospital, is an unnecessary loss and requires more attention than is now being given to it. It is not too much to say that the record or experience of one hospital physician is, in the main, only useful to himself alone. No other will have the patience to sift the wheat from the chaff of innumerable cases, recorded probably at great length and

detail. The musty, dust-covered documents fill the hospital archives and represent untold labor on the part of the internes, themselves imbued with the true spirit of research, but working at random in a mass of data which an only too short life leaves undigested. There are in our hospitals daily many cases the proper histories of which would be of the greatest value to, not only other hospitals, but to the medical and surgical professions and it should be made possible that these be so recorded and published that their full value may be generally utilized.—Int. Hosp. Record, July 16, 1913.

German Hospitals.

What is the secret of the wonderful growth which is going on in Berlin, despite all the natural disadvantages with which the city has to contend. Read any book on government to-day and it will tell you Berlin is the first city in the world in the development of municipal science. It has recognized the fact that it must be the link between the State and the individual. It requires highly trained specialists for its officials and pays them for their services. A bricklayer or a broker would stand just as good chance getting a place on the faculty of the University of Berlin, or being called in to the Charite Hospital to remove an inflamed appendix, as he would of getting any important position in the Berlin municipal government.

Naturally, in such a scientifically governed community one of the first considerations would be the proper care of the sick poor—or rather, I should say, care of the sick, for one of the first things that has been done is to eliminate the word "poor." There are no sick poor in Berlin in the sense we use the term. No person is treated free of charge in a municipal hospital. If he can not himself pay, his club or approved society pays for him, for social insurance is a part of the German Government. But even if, for any reason, that fails, then the communal authority must pay the hospital bill. One may say this amounts to the same thing as being a charity patient, but the effect on the patient is felt by the fact that he is not in a "pauper institution," as he would be in England, for instance. Moreover, only the officials know how the different patients stand financially. In the eyes of each other they are all equal, whether they are paying out of their own pocket or out of somebody's else pocket. All are supplied with exactly the same kind of clothes, which they must wear in the hospital, both for day and night use, no matter what their outside social status may be.

Social insurance is the lever or the leaven, then, by which this condition has been brought about, because this has done way with pauper institutions, which no self-respecting middle-class workingman would enter. Moreover, it has done away to a great extent with charitable religious houses, which were not only bad in their care and treatment of the sick, but also bore the stigma of being "pauper" hospitals.

So it is, then, that in the last twenty-five years practically this modern German hospital system has been built up. In less than three decades Germany has changed from a pernicious system—whose institutions were nearly all military or naval, in that they were managed by the State and supported by the Department of War, or were loose charitable bodies supported by voluntary contributions—to the great municipal hospitals we see to-day.

The municipal authorities, then, in the last twenty-five years have provided the citizens of Berlin with a place to go when they are sick, just as a thearte or an opera house is provided by the Government to amuse people when they are well. You buy your bed in the hospital just as you buy your ticket to Lohengrin. We are coming to the point in America where we begin to clamour for municipal ownership of public utilities, for gas and electric lights and street cars, and what not, but so far we are content to handle such of our sick poor as we must in some municipal fashion—treating them, mind you, as paupers—while those who can afford it buy their hospital beds in a "private" institution.

I am not saying that these private hospitals are not all right. They are a good thing, of course, and we don't want to do away with them any more than we would want to do away with taxicabs just because the city owned the street car lines. But the point I wish to make is this—don't forget that, even though we have taxicabs, a great many people have to ride in the street cars.—Berlin Letter in Modern Hospital.

Deaths.

CLARK.—At Andover, N. J., May 16 1914, Dr. Jeptha B. Clark, of Andover.

Dr. Clark was born in 1859 at Hainesville; graduated from the New York Hahnemann Medical College and Hospital in 1885 and practiced in Andover twenty-seven years. He served as a member of the local Board of Education.

SYMMES.—At St. Francis Hospital, Trenton, May 8, 1914, Dr. Henry C. Symmes, of Cranbury, N. J., aged 58 years.

Dr. Symmes was born in 1855; graduated from the medical department of the University of Pennsylvania of 1880. He was a member of the Middlesex County Medical Society and of the Medical Society of New Jersey. Further notice will appear next month.

WAINRIGHT.—At Englewood, N. J., May 6, 1914, Dr. Charles T. Wainright, of heart disease.

Dr. Wainright was born in Missouri on July 11, 1858, and in 1881 was graduated from Bellevue College. He made a special study of the heart and lungs at European schools and then went to the University Medical School in Kansas City, Mo., as professor of internal medicine. He became dean of the college, resigning in 1902 to become an instructor in internal medicine at the Post-Graduate Hospital in New York. He gave up his place there about a year ago and had since lived in Englewood with his wife and daughter.

WILSON.—In Newark, N. J., April 10, 1914, Dr. William Stockton Wilson, aged 75 years.

Dr. Wilson graduated from the Jefferson Medical College, Philadelphia, in 1861. For three years during the Civil War he was a surgeon in the United States Army. He was a member of the Essex County Medical Society and of the Medical Society of New Jersey.

Personal Notes.

Dr. Robert Casperson, Camden, and wife, who spent a few weeks at Atlantic City, returned home recently.

Dr. Lewis S. Burd, Ogdensburg, has been appointed a member of the local board of Health.

Dr. Harold D. Corbusier, Plainfield, discussed Dr. F. F. Russell's paper on "Recent Results with Typhoid Vaccination," read at the meeting of the Clinical Society of the N. Y. Post-Graduate Medical School, February 20, 1914.

Dr. Albert D. Cuskaden, Atlantic City, and wife spent a few days at Bridgeton, N. J., last month.

Dr. James F. Horn, Morris Plains, has recently purchased the premises occupied by him on Speedwell avenue.

Dr. Britton D. Evans, Greystone Park, and wife celebrated the twenty-fifth anniversary of their marriage, May 16, 1914.

Dr. Henry W. Kice, Wharton, was elected a member of the Morris County Y. M. C. A. Committee, last month.

Dr. Samuel T. Hubbard, Edgewater, has moved to 294 State street, corner of Camden street.

Drs. F. Irving Krauss, Bert A. Prager and W. J. Wolfe, Chatham, have been appointed by the local board of Health to draft a new health code for the Chatham School Board.

Dr. Horace G. Norton, Trenton, and family have taken a bungalow on Philadelphia boulevard, Sea Girt, for the summer.

Dr. Joseph C. Price, Branchville, has been re-elected a director of the local Water and Improvement Company.

Dr. John A. Runnels, Plainfield, superintendent of Bonnie Burns Sanatorium, who was seriously ill with pneumonia, has recovered.

Dr. Frederick H. Seward, Madison, at a recent meeting of the local Board of Health, urged the building of a borough garbage disposal plant.

Dr. Joseph H. Sheehan, Orange, who has been ill for several weeks, had recovered sufficiently to sail for Europe on May 15th.

Dr. J. Finley Bell, Englewood, at a meeting of the N. Y. Academy of Medicine, held March 12, discussed Dr. Peterson's paper on "Delay in the diagnosis of Intussuseption in Infancy."

Dr. John Conroy, Burlington, had a narrow escape from death when his auto was struck by a railroad train last month. The machine was wrecked but the doctor and his wife escaped serious injury.

Dr. Frank M. Donohue, New Brunswick, and family went to their summer home, Cedarcrest, near Bound Brook, the first of May, for the summer.

Dr. George H. Franklin, Hightstown and Dr. W. L. Wilbur, Trenton, delivered addresses on the breaking of ground for the new dormitory of the Peddie Institute at Hightstown, last month.

Dr. Edward J. Ill, Newark, presided at the afternoon meeting of the Interdenominational Social Service Conference at Newark, May 5th. He spoke on hospital social service. (See under hospital.)

Dr. William H. Kensinger, Camden, was elected last month president of the Pavonia Building and Loan Association.

Dr. Paul H. Markley, Camden, has an interesting paper in the Camden County Medical Society Journal on "The City of Camden from a Medical Standpoint."

Dr. Frank M. Mickels, Greystone Park, addressed the men at the Morristown Y. M. C. A., last month on "The Value of Physical Exercise in the Conservation of Mental and Nervous Energy."

Dr. Anne B. Newton, South Orange, continues her practical health articles in the Newark Evening News.

Dr. Edward B. Rogers, Collingswood, at the meeting of the Camden City Medical Society, March 30, read a paper on "The use of Creosote in Pneumonia."

Dr. Isadore Siegel, Perth Amboy, and wife are receiving congratulations on the birth of a baby boy in their home on May 3rd.

Dr. Alfred Cramer, Camden, and family will spend the summer at Cape May.

Dr. Lancelot Ely, Somerville, and wife sailed last month for a two months' stay in Europe. The doctor goes to regain strength after a six weeks' stay in a New York hospital.

Dr. William W. Kain, Camden, has returned from his trip to Bermuda, much improved in health.

Dr. William T. Long, Haddonfield, is spending a few weeks in Maine.

Drs. E. Blair Sutphen and Samuel C. Haven, Morristown, and their wives recently returned from a motor trip to Briarcliff Manor, N. Y.

Dr. Richard D. Freeman, South Orange, addressed the nurses at the graduating exercises of the Memorial Hospital Training School, May 7th. His subject was "Tact."

Drs. T. P. Prout, W. J. Lamson and F. Tweddell, Summit, addressed the Child's Welfare Conference, in the Free Public Library building, Summit, on May 9th.

Dr. John H. Winslow, Vineland, was on May 7th re-elected health officer, by the borough Board of Health.

Dr. James S. Gilbert, Bordentown, on May 14, as president of the City Commissioners, accepted the handsome memorial drinking fountain donated to the city by the Bordentown Female College.

Drs. Edward J. Ill and F. R. Haussling, Newark, were re-elected members of the advisory board of the Home for Incurables, Newark, last month.

Dr. Joseph M. W. Kitchen, East Orange, has a paper in the Medical Record, May 16, on "Bacteria and Bacterial Proliferations in Dairy Products."

Dr. Richard C. Newton, Montclair, discussed the papers of Dr. J. E. Raycroft and Prof. A. M. Buswell at the annual meeting of the American Association for Promoting Hygiene and Public Baths in Newark, last month. He declared that chlorination was the only means of preventing infection by water.

Drs. Jacob Roemer and B. H. Rogers, Paterson, sailed on the Imperator of the Hamburg-American line for Berlin, Germany, May 16th. Dr. Roemer expects to remain in Berlin a year largely in the study of internal medicine, bacteriology and pathology and then for six months in Heidelberg and Vienna. Dr. Rogers will be absent three or four months and will give special study of gynecology in Berlin.

About fifty local physicians gathered at the office of Dr. B. H. Rogers, 213 Broadway last evening to bid him bon voyage on his trip to Europe, which he will begin this morning, when he sails on the Imperator. The reception was hastily gotten up, but the ready response of so many physicians indicates the kindly feeling all have toward Dr. Rogers. Further proof of this was given when the physicians presented him with a fine bust of Hippocrates, the "father of medicine." The presentation was made by Dr. Mitchell in a most happy manner.

Dr. Fred. C. Thornley, Harrison, has recently returned home from Boston, Mass., where he spent the past six months.

Dr. Eugene Z. Hillegass, Mantua, who has been confined to his home for many weeks by severe illness, has recovered sufficiently to resume his professional work.

Dr. Eugene E. De Grofft, Woodstown, recently returned from a pleasant two weeks' vacation trip to Jacksonville and Tampa, Florida.

Dr. Herman C. H. Herold, Newark, and wife issued invitations for the marriage of their daughter to Dr. Jean F. Wolfs of Newark.

Dr. Henry B. Whitehorne, Verona, was appointed chairman of a citizen's committee for the celebration of Decoration Day in the borough.

Medico-Legal Items.

Attending Physician's Opinions.

Attending physicians, of skill and good repute, who are not experts in mental diseases, may, it is held, testify as to the mental condition of their patients, and their opinions as to such condition are admissible, when the facts upon which they base their opinions are detailed to the jury, although they may not give opinions as to the direct question to be determined.—In re Whiting, Maine Supreme Court, 85 Atl. 791.—Medical Record.

Recovery for Services—Evidence of Qualification.

In an action in the State of New Jersey to recover for the services of a physician rendered in the State of New York, it was held that the facts that (1) the plaintiff had not introduced in evidence his license as a physician and surgeon in the city of New York; and (2) that he had not deposited with the county clerk a copy of any diploma of a legally chartered medical college or university in good standing, or some medical society having power by law to grant diplomas, were not ground for non-suiting the plaintiff.—Corcia v. Guiliano, New Jersey Court of Errors and Appeals, 87 Atl. 94.

Duty to Reduce Damages by Submitting to Operation.

When one who has been injured, but is advised by competent physicians that the injury can be remedied by an operation that is ordinarily not dangerous, but refuses to submit to the operation, he is not minimizing his damages, and cannot recover for the sufferings which would be avoided by the needed operation. It is incumbent upon the injured person to submit to reasonable treatment, and to follow the advice of competent physicians.—Donovan v. New Orleans Ry. & Light Co., Louisiana Supreme Court, 61 So. 216.

Statements to Physicians as Evidence

While statements of a party injured, narrative of past conditions or suffering, made to the ordinary witness are inadmissible, a physician may testify to such statements given by a patient in relation to his condition, symptoms, sensations and feelings, both past and present, when such statements were received during and were necessary to an examination with a view to treatment, or when necessary to enable him to give his opinion as an expert witness. The evidence is admissible for the purpose of affording the jury the means of determining the weight to be given to the opinion of the physician, not as evidence to prove the actual condition of the patient, and the jury should be cautioned upon the point.—Acme Cement Plaster Co. v. Westman, Wyoming Supreme Court, 122 Pac. 80.

Action for Negligent Administration of Anesthetic.

A girl, aged 6, underwent operation for adenoids and enlarged tonsils. The operation was performed successfully, but the child's face was severely blistered in consequence of the spilling of the anesthetic. An action was accordingly brought for damages against the London County Council, at one of whose school clinics the operation was performed. A physician who attended the child subsequently gave evidence to the effect that ointment should have been put on the face when any anesthetic containing chloroform was used. He admitted that a slight burn might be unavoidable if a child struggled much. He had never known such a severe burn from an anesthetic even when no ointment was used. From the character and area of the burn it looked as if the anesthetic had been spilled. The mark of the burn was still apparent and it might prove a permanent disfigurement. The jury found that the anesthetist had not been guilty of negligence, and a verdict for the defendants was accordingly given.—London Correspondent A. M. A. J.

An Interesting Decision.

Justice Marks of the Sixth District Muncipal Court of the City of New York recently handed down a decision of interest to physicians. The plaintiff in the case was Dr. Mark J. Schoenberg, a physician of New York, who had sued the estate of Mr. M. E. Bernheimer for services rendered. M. Bernheimer and the physician had both been in attendance last September at the Supreme Court in Brooklyn, the former as the defendant of the case then on trial and the latter as a witness, and while the physician was in the witness chair Mr. Bernheimer was taken ill and fell from his chair unconscious. The physician being excused by the judge hastened to Mr. Bernheimer's side and with another physician present in the court room attempted to revive him. Their efforts were unsuccessful, however, and the patient died inside of half an hour without regaining consciousness. The

physician rendered a bill for $500 for his services, and payment was refused by the executors of the estate. Suit was then begun. In his decision Justice Marks reviewed the case, and discussed the question of whether the financial condition of the patient, who in this instance left a large estate, has anything to do with the amount which may properly be charged by the physician, the value of the special services rendered, and the liability of a person who is unconscious or in extremis for services rendered by a physician who has not been called by the patient or his family. After citing a number of previous cases, the judge decided that the physician in this case had the right to recover from the estate and that the charges for a physician's services may properly be based upon the financial condition of the patient. He held, however, that the services rendered in this case were not worth more than fifteen dollars, and rendered judgement for this amount for the plaintiff.

Care and Skill Required.

In an action for malpractice in resetting the plaintiff's shoulder it was held that if, in performing an operation, a surgeon fails to exercise "a reasonable degree of care and skill" as required by the Georgia Code, he will be liable for any damage which may ensue, without reference to whether he did not possess the requisite amount of skill, or whether he negligently failed to exercise skill which he did possess. The evidence in the case was conflicting, but the evidence for the plaintiff supported her contention that she sustained damage by reason of the unskillful manner in which her dislocated shoulder was reset by the defendant, although a finding would have been authorized that the shoulder was properly set, and the plaintiff's injury was the result of a redislocation brought about by causes over which the defendant had no control. Judgment for the plaintiff was affirmed.—Hinkle v. Smith, Georgia Court of Appeals, 77 S. E. 650.

Duty of Injured Person to Prevent Accumulation of Damages.

The Supreme Court of Alama says, in Birmingham Railroad, Light and Power Co. vs. Anderson (50 So. R., 1021), a personal injury case brought by the latter party, that, in general, it is the duty of one injured by the negligent act of another to exercise an ordinary degree of care and prudence to prevent the accumulation of damages. Where his injuries are personal, he is bound to take such care of them as a reasonably prudent person would in like circumstances, and can only recover such damages as would have been sustained had such care been taken. He must employ such medical or surgical aid as ordinary prudence would require under the circumstances. If the contention is that his injury was aggravated by negligence, the burden is on the defendant to show that fact in mitigation of damages.

If the injured person resorts to medical or surgical aid, consulting such physician or surgeon as a reasonably prudent man would, and follows the treatment prescribed, certainly he discharges every duty he owes to the wrongdoer. Whether the duty rests on one who has suffered personal injury to submit himself to a surgical operation for the purpose of effecting a cure, and thus limiting damages, must depend on his judgement exercised in good faith.

The court thinks that a correct and reasonable rule for such cases is stated in Blate vs. Third Avenue Railroad Company, 44 App. Div 163, 60 N. Y. Supp. 732, where it is said: "While the person who inflicts the damage has the right to say that sure and safe means to diminish the evil results of the accident must be used, that is the extent of his right. Whether further means should be resorted to is for the plaintiff to determine. In making that determination the plaintiff has the right to consider the nature of the means used to effect a cure and the possible or probable effect on himself. He has to determine for himself whether he is to resort to those means in view of those considerations." And further: "The jury, in getting at the damages, are to say, not only what they are, but whether the means used by the plaintiff to reduce the damages were such as an ordinary prudent man would use. They cannot say that he should or should not have taken the advice of any particular physician, nor that he should have obtained any particular kind of treatment."

A requested instruction of the jury was correct which charged them that it was the duty of the plaintiff not to aggravate his injuries by his own neglect, and to use reasonable care to cure his injuries.

Privileged Communications.—Waiver.

In a personal injury action it appeared that the plaintiff was taken to the office of Dr. C., who dressed his wounds, which included an injury to his hand, and treated him for about three weeks. He then changed physicians and consulted Dr. M. He testified himself that Dr. C. took out a bone, and lanced his hand, which was festering, and Dr. M., as a witness for the plaintiff, testified that when the plaintiff came to his office his hand was very much swollen and infected. It was held that by introducing the evidence of Dr. M. the plaintiff had waived the right given to a patient by Missouri Rev. St. 1909, P. 362, to object to testimony by his physician as to information acquired in his professional character, so as to permit Dr. C. to contradict such evidence by testifying that when he stopped treating the plaintiff the hand was healing.—Oliver v Aylor (Mo.), 158 S. W. 733.

Book Reviews.

INFANT FEEDING. By CLIFFORD G. GRULEE, A. M., M D., Assistant Professor of Pediatrics at Rush Medical College, Chief of Pediatric Staff, Cook County Hospital. Second edition, thoroughly revised. Octavo of 314 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.00 net.

Aside from advocating maternal nursing and indicating its proper methods the writer presents the scientific processes which underlie infant feeding, so that they are readily understood and applied by the practising physician.

CLINICAL HEMATOLOGY: AN INTRODUCTION TO the Clinical Study of the So-Called Blood Diseases and of Allied Disorders. By Gordon R. Ward, M. D., Fellow of the Royal Society of Medicine, Medical Society of London, etc. Octavo of 394 pages illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.50 net.

Modern pathological investigation has made it possible to prepare a book on blood diseases which is worthy of acceptance and study. Among the subjects presented are: Leukaemias; Hodgkin's Disease; Multiple Myeloma; Lymphoma; Erythraemia; Anaemias, acute, congenital, senile, Addisonian, &c.; Haemoglobinuria; Leucocytosis; Malaria; Cyanosis; Chlorosis; Haemophilia; Purpura; etc.

MODERN SURGERY: GENERAL AND OPERATIVE. By J. Chalmers DaCosta, M. D., Samuel D. Gross, Professor of Surgery, Jefferson Medical College, Philadelphia, Pa. Seventh edition, revised, enlarged and reset. Octavo of 1515 pages with 1085 illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6.00 net.

It is commendation enough for any book to present a "seventh edition." Although very comprehensive in scope and numerously illustrated the text is fuller on most of the topics than could be expected. It is a valuable work for the student and the general practitioner.

THE CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago. Volume III, Number II. Octavo of 213 pages, 55 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Published bimonthly. Price per year: paper, $8.00.

ARTERIOSCLEROSIS—A CONSIDERATION OF THE Prolongation of Life and Efficiency After Forty. By Louis Faugeres Bishop, A. M., M. D., Clinical Prof. of Heart and Circulatory Diseases, Fordham University, N. Y. city; Phys. Lincoln Hosp; etc. London, Henry Frowde, Oxford University Press, 1914.

Dr. Bishop is a physician of large clinical experience and that, with good sense as applied to the much misunderstood subject of arteriosclerosis, has produced a book full of practical ideas. It well deserves the careful reading of every general practitioner.

PYSCHANALYSIS: ITS THEORIES AND PRACTICAL Application. By A. A. Brill, Ph. B., M.D., Chief of Clinic of Psychiatry and Clinical Assistant in Neurology, Columbia University Medical School; Chief of the Neurological Department of the Bronx Hospital and Dispensary. Second edition, thoroughly revised Octavo of 393 pages. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.00 net.

The writer adopts the Freudian ideas as to psychanalysis of dreams. The criticism of the majority of physicians is that, if an equal amount of time and thought were given to obtaining the confidence of patients which is devoted to a rather forced analysis of dreams, an equally beneficial result would be obtained for the patient, and the psychanalysis would be subject to less ridicule.

The fourth edition of the American Medical Directory issued by the A. M. A. has been received, and as its introductory claims it shows a marked advance over its predecessors. It has 2234 pages. Its price is $10.00.

MEDICAL EXAMINING BOARDS' REPORT.

	Exam'd.	Passed.	Failed
Arizona, January	17	10	7
Illinois, January	96	77	19
Nebraska, February	7	7	0
Texas, November	45	42	3

Pennsylvania, 20 candidates were granted licenses through reciprocity during the year 1913. The next examination of the New Jersey State Board will be at Trenton, June 15 and 16.

Public Health Items.

Life is not mere living but the enjoyment of health.—Martial.

Social Causes of Disease.

The cause of most epidemic diseases are not individual but social; we must therefore protect one another; there is not a survival of the fittest but a survival of the best protected.

President Victor C. Vaughan, of the A. M. A., says: "Preventive medicine has saved 20,000 lives a year in the last ten years. The average of human life has been increased nearly four years in the last ten years. The average of human life in the United States to-day is fifty years, and if we are to apply exactly what we know to-day and never learn anything more, the average human life would be increased by fifteen years. Are there facts more forceful than these, and are not the people of the United States sufficiently intelligent to appreciate them?"

Bridgeton School Health Report.

Dr. John C. Loper, Medical Inspector of Public Schools, presented his annual report of the Bridgeton schools. It showed that out of 2,456 pupils examined, 297 had defective vision, 33 defective hearing, 120 defective nose and throat, 280 had bad teeth; 581 had been excluded from school on account of contagious diseases—measles, 245 and whooping cough, 200; 112 of defectives of the previous year had been corrected. The number of defectives the past year was considerably less than the year before.

Typhoid Fever in Bridgeton and Camden.

At the May meeting of the Bridgeton Board of Health ten cases of typhoid fever were reported. Since then additional cases have been reported. The State Board of Health is assisting the local board.

In Camden ten cases of typhoid fever were reported in the May report to the Board of Health.

Scarlet Fever Epidemic Abating.

Dr. A. Clark Hunt, chief of the division of communicable diseases of the State Board of Health, reports that scarlet fever is rapidly abating throughout the State and will probably dis-

appear within a month. A few cases also of smallpox have recently occurred in different localities, almost all cases being imported from other States.

Mosquito Extermination in Essex County.

Dr. Ralph H. Hunt, president of the county commission, and Mr. Dobbins, chief inspector, recently made a tour of the county and declare that the mosquito nuisance is being reduced year by year. But they agree that if they are to be entirely rid of the pest the adjoining counties must unite vigorously in the work of their counties.

Preventable Diseases.

In the biennial report of the Kentucky State Board of Health, it is shown that in the thirty-three months of the operation of the vital statistics law there have been reported 169,854 births, 83,778 deaths, of which 33,866 were due to preventable diseases. For each of the deaths reported, there were twenty-six cases of illness from the same cause, 541,856 illnesses which should have been prevented.

Demand for Rural Hygiene.

The members of the New York State Grange at a recent convention, when told that the death-rate in the State in cities and towns below 8,000 was 15.4 per thousand, as against 13.7 in the larger cities, demanded a division of rural hygiene in the organization of the State Board of Health.

Proposes Medical Supervision for All.

Dr. Sigismund S. Goldwater, commissioner of health, proposes a method of medical supervision which would call for periodical physical examination of every individual in the city and the instruction of laymen in elemental hygiene. The records of the department show that victims of diseases like cancer, heart and kidney disease, etc., consult a physician on an average of one year to late for remedial measures to be of value. In insurance companies and large corporations where the plan has been tried good results are being reported. Dr. Goldwater points out that through the division of child hygiene school children are kept under such supervision and there is no good reason why the plan should not be extended to include all. He proposes that the examinations shall be paid for by those able to pay and be free to all others.

Some Hygienic Fallacies.

The new hygiene has given us an entirely different conception of many of the factors that enter into health and disease. It has exploded many a world-old fallacy. We know, for example, that there is practically no more danger from sewer-gas than the farmer subjects himself to on his manure-pile. The old bugaboo of sewer-gas dies hard. People have always clung, and still naturally cling, to the notion that anything that smells bad must be detrimental to health. Science has demonstrated that our sense of smell is a poor sanitary guide. It is certainly absurd to accuse the odors from plumbing of being the source of diphtheria, typhoid fever, scarlet fever, sore throat, or any other infection.—M. J. Rosenau in Vermont Med. Month.

The State Board of Health of Virginia has completed arrangements, whereby it will distribute anti-typhoid serum at a cost of 60 cents, for three inoculations, instead of 90 cents, as charged last year.

On May 4th, the new Department of Health of Chester, Ohio, assumed charge of health affairs of the city, equipped with police power, so that it can take immediate action without having to give ten days' notice as formerly. Dr. W. Knowles Evans is to be chief of the department.

The Greatest Waste.

In any business, intelligent management attacks and eliminates waste. The government is a gigantic business enterprise, with an implied purpose of far greater import than dividends in money or stocks. Sickness is waste. The The death-rate in the cities of this country is 15 per thousand; in rural districts 10 per thousand. This can be cut in half.—Dr. Dowling, in Bull. Texas State Board of Health.

Long-lived Missourians.—The Bureau of Vital Statistics of the State of Missouri has recently reported that during the year 1913 there occurred in the State the deaths of thirty-four men, all of them one hundred years of age or over, and that 393 persons died between the ages of ninety and ninety-nine years.

It is reported that in New York City alone, in 1912, twelve persons were blinded and three killed by wood alcohol. This alone should be sufficient argument to demand that the various State legislatures pass laws that wood alcohol when sold should be labeled "Poison—May cause blindness or death if inhaled," as the words wood alcohol would signify no special danger to the uninformed.—Virginia Med. Semi-Monthly.

Enormous Death Decrease.

Dr. Simon Baruch, New York, president of the American Association for promoting Hygiene and Public Baths at the annual meeting in Newark last month, said in his annual address:

"Ponder upon the indisputable fact that by the promotion of hygiene the average longevity of mankind has been increased from twenty years in the sixteenth century to the present rate of fifty years and you must realize that you are engaged in promoting the most beneficent cause, one that overshadows all other human effort. This fact is enhanced by the increase of comfort and happiness arising from diminished morbidity and mortality. Just think of this simple proposition.

"There were twenty-two deaths per 1,000 less in 1913 than in 1866 in New York and 220 cases of serious illness less. Now, if the death and morbidity rate of 1866 had continued at the former rate, the deaths in New York would have been 110,000 more and the cases of serious

illness nearly a million more in 1913. Who can compute the saving of mental anguish, loss of work and efficiency that these figures imply?

"To the welfare of our country no problem is more vital than the better sanitation of the rural districts, in order that the most valuable of all crops, the children, may be conserved with at least the same care as the farm animal.

"Clean water, clean milk, clean streets, clean houses, clean schools, clean churches and clean people may all be had if the price is paid. It is to-day entirely up to the community whether it wishes to be clean and healthy or filthy and diseased. The method by which such rights can be secured is neither difficult nor obscure. The steps are simple and are applicable by the average layman or the village physician to the smallest village or rural community."

For the first time in the history of Chicago, Ill., the number of cases of pneumonia reported exceeded the number of deaths from that disease during the first quarter of 1914, the figures being 2,662 reported and 1,831 deaths.

Deaths from Tuberculosis.

In Prussia during 1912 there were 59,911 deaths from tuberculosis against 56,583 in 1913. Twenty years ago the figures were twice as large.

Fight Against Cancer.

The "Times" of London has made an appeal for the imitation in England of the American campaign against cancer, and urges the establishment of a society similar to the American Society for the Control of Cancer.

Annual Report of the Canal Zone.

The Department of Sanitation of the Isthmian Canal Commission reports that during the year 1913 the employees of the Isthmian Canal Commission and the Panama Railroad Company numbered 56,654, and that among these there occurred during the year 473 deaths, giving an annual death rate per 1,000 of 8.35, the lowest on record. For 1912 the rate was 9.18, and for 1911, 11.02. Among white employees from the United States the death rate from disease was only 2.50 per 1,000, while the total death rate for the year among those classed as employees was 5.0 as against 5.52 per 1,000 in 1912. The inclusion of American women and children raised the death rate from disease among Americans to 3.40, but the inclusion of the officers and men of the United States Army and Marine Corps stationed on the Canal Zone, and their families, lowered the rate again to 3.16 per 1,000. Of the deaths among employees during the year, 4 were due to typhoid fever, 6 to dysentery, 47 to pneumonia, 21 to malaria, 24 to organic disease of the heart, 65 to all forms of tuberculosis, 26 to nephritis and 176 to external violence. Among the 11,943 white employees there were no deaths during the year from either dysentery or typhoid fever. For the total population of the cities of Panama and Colon and the Canal Zone, the death rate per 1,000 for 1913 was 23.57, an increase over 1912 when the rate was 20.49. One man with smallpox on a ship from Callao, Peru, was isolated at Santo Tomas Hospital during the month of November, and subsequently recovered and was discharged the following month. With this exception no case of yellow fever, smallpox, or plague originated on or was brought to the Isthmus during the year.

The Lesson of Toledo.

Two hundred cases of small-pox were discovered in Toledo during the months of December, January and February. Of the entire number of sufferers, but one had been vaccinated and that one was vaccinated thirty years ago. The story of the Toledo epidemic is the story of hundreds of localized epidemics the world over. An epidemic of equal severity would give to New York City 7,500 cases of small-pox in three months, or 30,000 cases in a year. Such an epidemic would be a calamity to the people and would be ruinous to the city's trade.—Bull. New York City Department Health.

—The Chicago Department of Health has revised its rules and regulations governing the control of contagious diseases. From studies of the prevalence of these diseases and the relation of cases reported to deaths, the Bulletin some time since drew the conclusion that either the death rate was abnormally high or many cases were not reported. To encourage the prompt and complete reporting of cases, Health Commissioner Young has revised the rules in certain respects so that the bread winners may avoid the necessity of leaving home during the period of quarantine, thus materially reducing the expense to the family. Where it is impossible to isolate the patient properly at home, arrangements will be made for hospitalization.

Low Fatality for Measles and Scarlet Fever.

In connection with a recent announcement made in our pages, from Public Health Reports, as to the prevalence of communicable diseases according to States, we find in a later report of cities of 100,000 or more at the time of the 1910 census, that Richmond, Virginia, made an excellent showing with regard to fatalities from measles and scarlet fever in 1912. There was reported for that year in that city only one death out of 851 cases of measles, and one death out of 326 cases of scarlet fever. These were the lowest fatality rates recorded from these diseases in any of the cities named.

Anti-Vaccinationist Routed.

From the Indiana State Medical Journal.

The antivaccinationists were put to rout in Columbus, O., when they were asked by the City Health Officer to accompany him on a visit to each case of small-pox that was listed in the city. It was pointed out that inasmuch as the antivaccinationists are not afraid of small-pox they should be willing to make a personal examination of any cases of small-pox, and that the City Health Officer, who was protected by vaccination, was perfectly willing to conduct personally a delegation of antivaccinationists on a tour of investigation which was proposed. It is exceedingly unfortunate that the antivaccinationists were all too busy to accept the invitation, but said that they "might make the trip later." Incidentally we notice that the antivaccinationists put up the loudest

howl in vicinities where there is little or no small-pox existing, and we think the surest and best way to call these fanatics to time is to insist that they back up their opinions by visiting small-pox cases and proving the faith that is in them, or admit that they are chasing a phantom.

Diphtheria in Cuba.

Some recent statistics show that in the last eleven years, of the 320,039 deaths in Cuba, diphtheria was responsible for 1,850, but all but 19.78 per cent. were in whites. In the general mortality, the whites are represented by 65.7 per cent. and the blacks by 34.3 per cent. By the thousand living inhabitants, the mortality from diphtheria among the whites was 1.06 and 1.02, males and females; among the blacks it was only 0.56 and 0.62 respectively.

Farm Home for Inebriates.

Under the law of June 20, 1910, providing for a board of inebriety of the State of New York, steps have been taken to establish a farm home for the treatment and care of such persons. A farm has been purchased in Orange County, which includes a portion of Wickham Lake, and work has been begun on the institution, which is to be on the cottage plan. About 250 inmates will be provided for at first and the plans at present are intended to accommodate 800. Massachusetts is the only other State which has provided an establishment especially designed for the care of inebriates. The board has just issued its report for 1913.

Philanthropy of Self-Preservation.

"How many people in Atlanta," asks the Constitution of that city, "know to a certainty that their domestic servants do not come from diseased homes?"

And in the discussion it puts forth these pertinent truths: "The business of safeguarding the health of the community, in its negro as well as its white sections, is that of self-preservation and not sentiment or philanthropy. The disease germ is the original democrat. It ignores the boundary lines of race, of wealth and of station, as well as of mere geography. It knows no prejudices, inherited or acquired. It is murderously impartial in its depredations. You may not believe you are 'your brother's keeper,' and you may be a trifle cynical about your 'duty' to the negro. But you can hardly be negligent about your duty to your own child, and your own health personally, and keep a clean conscience."

Anti-typhoid Vaccination.—Dr. M. L. Ogan, of New York, related the experience of the New York Health Department with anti-typhoid vaccination at the annual meeting of the N. Y. State Medical Society. Since the beginning of 1913 some 2,000 persons had been injected with complete immunity. It was well-known that typhoid fever was a disease of youth and childhood. A comparison of the statistics of the Health Department with those of Osler showed that in their experience typhoid fever had occurred oftener between the ages of fifteen and twenty years than in Osler's series. The statistics of the Health Department showed that the disease was at least as liable to attack children as adults. In a series of 1,700 non-immunized children 2.8 per cent, contracted the disease, while in a series of 5,000 adults 2.1 per cent. became infected; thus it seemed that children contracted the disease easier than adults. Physicians had been advising against anti-typhoid vaccination and gave as the reason that children did not often contract the disease. This idea should be combated. Of 318 exposed children who were vaccinated but four contracted the disease, and these were mild cases without any deaths. In the actual presence of typhoid fever vaccination was not only justifiable but advisable.

Scientific and Empiric Practice.—Dr. Beverley Robinson in a recent communication in the Medical Record, says: Symptoms must be treated to relieve pain, distress, and annoyance, though it be not scientific to do so. In thus acting, the attending physician will, however, often accomplish beneficial results which, even from a curative viewpoint, are remarkable. In my experience, it is the remedy long lost sight of which has occasionally worked wonders, when the one upheld by science has failed. Medicine is, and must be, as much an art as a science. To practice the art successfully, we should recur to wise empiricism. This empiricism, based upon the experience of many practitioners, counts much and endures. Science changes rapidly and what to-day is truth, to-morrow is not. Witness what is said and done with regard to radium and the X-ray. On the other hand, alcohol, fifty years ago the recognized dressing of all wounds, banished from surgical practice by carbolic acid and bichloride of mercury, has again come to the front, as the innocuous and effective local disinfectant. In its use, primarily, empiricism ruled.

The Child Health in Home and School.

Two problems concerning the health and physical and mental development of a child confront thoughtful parents to-day, consideration of the child outside of school and attention to its environment within the school.

Whether in country or in city, the home influence on its health is most important. A constant and controllable factor is its food. Herein lies the home responsibility of the mother. She must learn that the food of the growing child is next only in importance to its feeding as an infant; and that the greatest good comes to it from plain, nutritious, well-cooked and easily digested food; that it needs certain foods for body structure and other foods to supply heat and energy. A child should frolic and romp and play because there is a natural relation between such muscular activity and the proper performance of such food material in carrying on their functions. The mother must also realize that rest is as important for the child as play, and that sufficient quiet, restful sleep does its equal part in storing energy and bringing about perfect development. Children need sunshine and fresh air, and at night should sleep in a well-ventilated room with the windows well down from the top. They should be bathed regularly and properly clothed. But no matter how well fed and

clothed, how clean and well nourished previous to its admission to school, the parents' interest must follow the child to the schoolroom and see that such environment does not undermine its health. Herein lies the responsibility of the father, as a citizen and taxpayer. It is his money that maintains the school and it is his duty to see that his child is not forced into an over-crowded, poorly ventilated, over-heated classroom, compelled to breathe for five hours a day the expirations from forty or fifty pairs of lungs, and its condition so weakened as to render it vulnerable to the attacks of infectious disease. Any one, on reflection, will be impressed with the futility of expecting a maximum progression, physical and mental, where children are housed in over-heated classrooms with little or no moisture in the air, compelled to breathe dry, vitiated air and to attempt mental tasks with suffocated brain-cells deprived of nature's generous supply of oxygen. This is the condition in a large number of schoolrooms throughout the land to-day.—From the Western Medical Review, Omaha, Neb.

Constructive Medicine and Good Housing.

We have done great things, and in the doing of them have created a new profession, that of preventive medicine. Since the days when the physician was content to cure those already sick to these days when the physician, whatever his technical titles, labors to keep men from becoming sick, we have advanced far. But perhaps the time has now come when we must create another profession, that of "constructive medicine." Its field may be even larger than the field of preventive medicine, the multitude of its practitioners divided into a greater number of groups than those who now guard our food, our water, our air and our neighbors from infection and contagion. And one of its tasks will be to see that our houses are adapted to serve as family homes. For that is what good housing means.—John Ihdler, Amer. Jour. Pub. Heath.

Public Health Administration.

Assistant Surgeon-General Rucker, U. S. Public Health Service, at the recent annual meeting of the Federation of State Medical Examining Boards at Chicago, stated that morbidity reports of the communicable diseases showed the location of cases which constituted foci from which disease might be spread to the well. The collection of morbidity reports thus made it possible to know where to take the proper precautions for the protection of persons who might be exposed to a given disease, and therefore acted as a prophylactic measure for the community at large. The knowledge of the occurrence of disease made it possible to see that the sick received proper treatment not only from a preventative but from a curative standpoint. Morbidity statistics were of value to the local health officer in that they gave him the knowledge upon which to undertake operations for the prevention of the spread of disease in his particular locality. The United States Government in its work of preventing the interstate spread of disease found that morbidity information was absolutely essential. Three things were necessary to efficient public health administration: First, the man, well trained, well remunerated, full time health officer; second, the power, the intelligent, uniform, accurate law, and the adequate appropriation; third, the knowledge of the location and prevalence of disease, in order that it may be controlled by the co-operative effort of the general public, the medical profession, and the public health administrator.

Dr. John A. Witherspoon of Nashville said it was unfortunate that in this country we had never seemingly appreciated the real value of human life. We had never appreciated that public health was a science and one that must be carried on by the very best men of the profession. The science of medicine had developed so thoroughly in the last decade along the lines of preventive medicine that we now had broad gauged, scientific men who could handle these problems. The American people must awaken to a relization of the fact that men must be trained for this work and that politics should not enter into the work of protecting the health of the people any more than it did into our courts.

Dr. Victor C. Vaughan of Ann Harbor said that since the discovery of the tubercle bacillus in 1882 the death rate from tuberculosis in the United States had been reduced 54 per cent. In the past ten years 200,000 lives had been saved from tuberculosis. A battle in which 20,000 lives were lost would stir the world at the time and would fill the pages of the historian of the future. Preventive medicine in the United States had averaged 20,000 lives a year saved in the last ten years. The average of human life had been increased nearly four years in the last ten years. The average of the human life in the United States to-day was fifty years, and if we were to apply exactly what we knew to-day the average human life in this country would be increased about fifteen years more. Since he began the practice of medicine scarlet fever had been reduced in its death rate from fifty-four per 100,000 in the registered area to six; and diphtheria had been reduced from 117 to eighteen. Complete morbidity statistics would show the people their value, and he thought the people then would be intelligent enough to respond.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, April, 1914.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending April 10, 1914, was 4,045. By age periods there were 614 deaths among infants under one year, 324 deaths of children over one year and under five years and 1356 deaths of persons aged sixty years and over.

An increase is shown in the total number of deaths, however the said increase is not limited to any particular group of affections, but is distributed among fifteen out of the eighteen selected causes of death which are shown in this statement.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending April 10, 1914, compared with the average for

the previous twelve months, the average in each case being given in parenthesis;

Typhoid fever, 13 (23); measles, 42 (21); scarlet fever, 45 (20); whooping cough, 30 (36); diphtheria, 63 (48); malarial fever, 1 (1); tuberculosis of lungs, 377 (303); tuberculosis of other organs, 63 (45); cancer, 193 (178); diseases of nervous system, 378 (311); diseases of circulatory system, 668 (477); diseases of respiratory system (pneumonia and tuberculosis excepted), 350 (213); pneumonia, 489 (253); infantile diarrhoea, 56 (193); diseases of digestive system (infantile diarrhoea excepted), 200 (211); bright's disease, 289 (255); suicide, 44 (37); all other diseases or causes of death, 744 (682); total, 4045 (3307.)

Bacteriological Department.

Specimens for bacteriological diagnosis: specimens examined from suspected cases of diphtheria, 2,440; specimens examined from suspected cases of tuberculosis, 601; specimens examined from suspected cases of typhoid fever, 225; specimens examined from suspected cases of malaria, 20; miscellaneous specimens examined, 78; total, 3,364.

Bureau of Contagious Diseases and Sanitary Inspection—Reports of Communicable Diseases for March, 1914.

During the month of March, 1914, 2,929 cases of communicable diseases were reported, an increase of 318 cases in the number reported during the preceding month and 630 cases in excess of the number reported during March, 1913. Compared with the reports received in February, typhoid fever, diphtheria and chicken-pox were less prevalent in March, 1914, while the reports of scarlet fever and tuberculosis have increased.

Increased numbers of cases of scarlet fever were reported in fourteen of the twenty-one counties in the State. Since November, 1913, there has been a marked increase in the prevalence of the disease particularly in Mercer and Burlington Counties, resulting in an unusually high case rate and, in some localities, the disease has appeared in a malignant form resulting in a mortality rate of over twenty-five per cent.

The percentage of reported cases to 10,000 population during the month of March for each county in the State is as follows: Mercer County, 10.1 cases; Burlington, 9.4; Essex, 7.2; Middlesex, 4.9; Atlantic, 3.5; Somerset, 2.7; Union, 2.6; Hudson, 2.4; Monmouth, 2.4; Hunterdon, 2.1; Bergen, 2.0; Passaic, 1.8; Camden, 1.8; Ocean, 1.4; Gloucester, 1.3; Cumberland, 1.0; Sussex, 0.7; Salem, 0.8; Morris, 0.2; Cape May, 0.0.

The number of cases of certain communicable diseases reported from each county in the State is shown in the following:

Atlantic: 1 typhoid; 8 diphtheria; 28 scarlet fever; 9 tuberculosis. Bergen: 3 typhoid; 22 diphtheria; 32 scarlet fever; 22 tuberculosis. Burlington: 3 typhoid; 8 diphtheria; 66 scarlet fever; 12 tuberculosis. Camden: 5 typhoid; 26 diphtheria; 29 scarlet fever; 52 tuberculosis. Cape May: 3 diphtheria; 1 tuberculosis. Cumberland: 2 typhoid; 2 diphtheria; 9 scarlet fever; 13 tuberculosis. Essex: 6 typhoid; 188 diphtheria; 413 scarlet fever; 298 tuberculosis. Gloucester: 9 diphtheria; 5 scarlet fever; 2 tuberculosis. Hudson. 5 typhoid; 118 diphtheria; 130 scarlet fever; 209 tuberculosis. Hunterdon: 2 typhoid; 7 scarlet fever; 7 tuberculosis. Mercer: 10 typhoid; 11 diphtheria; 136 scarlet fever; 39 tuberculosis. Middlesex: 5 typhoid; 46 diphtheria; 54 scarlet fever; 22 tuberculosis. Monmouth: 1 diphtheria; 19 scarlet fever; 12 tuberculosis. Morris: 4 typhoid; 6 diphtheria; 3 scarlet fever; 13 tuberculosis. Ocean: 1 typhoid; 3 diphtheria; 3 scarlet fever; 4 tuberculosis. Passaic: 2 typhoid; 12 diphtheria; 26 scarlet fever; 32 tuberculosis. Salem: 1 typhoid; 2 diphtheria; 2 scarlet fever; 2 tuberculosis. Somerset: 11 scarlet fever; 1 tuberculosis. Sussex: 1 typhoid; 2 scarlet fever; 1 tuberculosis. Union: 3 typhoid; 16 diphtheria; 40 scarlet fever; 51 tuberculosis. Warren: 1 scarlet fever; 1 tuberculosis.

Division of Food and Drugs—Laboratory of Hygiene.

During the month ending April 30, 1914, 521 samples of food and drugs were examined in the State Laboratory of Hygiene with the following results:

All the following samples were found to be above standard: The 67 of butter; the 8 of olive oil; the 6 of bay rum; the 3 of camphor liniment; the 6 of lime water; the 2 of sausage; the one each of cider, extract of vanilla, fresh fish, canned fish, ice cream, jelly, raspberry syrup, string beans, vinegar syrup, antiseptic preparation. eucalyptus syrup, hair dressing, liniment, metha pepsin and tooth wash.

The following were found to be below standard: 25 of the 293 samples of milk; 1 of the 17 of cream; 2 of the 3 of extract ginger; 1 of the 3 of maple syrup; 14 of the 28 of vinegar; one of the 2 of cucumber cream; 6 of the 12 essence ginger; 1 of the 2 of essence peppermint; 3 of the 5 of hydrogen peroxide; 4 of the 10 of spirits of camphor; 5 of the 7 of toilet water; 5 of the 10 tincture of iodine; 3 of the 20 of witch hazel; and the 1 each of extract of lemon, and tincture of opium.

Sixteen suits were instituted during the month and 12 days were spent in court by the Board's chemists.

Bureau of Creamery and Dairy Inspection.

During the month 294 inspections were made as follows:

Two hundred and eleven dairies; 20 creameries; 9 milk depots; 54 ice cream factories.

Number of dairies scoring above 60 per cent. of the perfect mark, 95; scoring below 60 per cent. of the perfect mark, 95; relinguishing the sale of milk, 21; given a specified time to improve conditions, 31; dairies from which the sale of milk was prohibited, 7; disinfections of stables in which tuberculosis cows were found, 11.

The legislature at its session enacted a law which is designated as chapter 78 of the laws of 1914, and which is intended to further safeguard milk used for domestic purposes. The main objects of the act are as follows:

1. To require the better lighing and ventilation of cow stables and to insure a pure water supply for the use of the animals and for the cleansing of all vessels and containers used in the dairy. It is thought that a strict observance of this provision will diminish the amount

of tuberculosis and other diseases among dairy cattle and otherwise improve the market milk supply.

2. A mandatory requirement of all dairymen to send to the office of the State Board of Health, at least once a year, a certificate signed by a reputable veterinarian showing the physical condition of all their dairy animals. This is a reasonable and important requirement, since milk has been found on the market containing pus, indicating that it was the product of diseased udders.

3. Requiring the State Board of Health, at the request of any local board of health, to inspect all dairies and furnish the records of the same to such local boards, showing the sanitary conditions under which milk or cream is produced for sale or distribution within the limits of the municipality so requesting it.

4. Providing that whenever milk or cream is found to have been produced under uncleanly or unwholesome conditions, or which is the product of cows kept in stables that have less than 2 square feet of window light to every 500 cubic feet of air space or in stables which are not provided with adequate ventilation for the number of cows kept therein, it shall be the duty of the State Board of Health to notify the local board of health having jurisdiction of the place where such milk is sold, and it shall then be the duty of such local board of health to prohibit the sale of such milk.

During the month ending April 30, 1914, 142 inspections were made in 63 cities and towns, the largest number in any single town having been Newark, 22; Trenton, 21; Jersey City, 11; Camden and Elizabeth, 3 inspections in each.

During the month the following articles were inspected, but no samples were taken: Milk, 485; butter, 387; food, 971; drugs, 510.

Other inspections were made as follows: Milk wagons, 211; milk depots, 37; grocery stores, 249; drug stores, 65; butter stores, 1; slaughter house, 17; meat markets, 6; restaurants, 20; creameries, 6; cold storage warehouses, 37; bottling establishments, 3; egg breaking establishments, 4.

The following meat inspections were made during the month: Calves, 41 carcasses passed, 1 carcass condemned; beef, 1 carcass passed.

Division of Sewerage and Water.

Total number of samples analyzed in the Water Laboratory, 198; public water supplies, 126; private water supplies, 17; special water supplies, 8; proposed public water supplies, 5; State Institution supplies, 6; bottled water supplies, 3; ice samples, 1; sewage samples, 32.

Water supplies and water purification plants inspected at Allendale, Asbury Park, Bridgeton, Dover, Elizabeth, Franklin Furnace, Glen Gardner, 2, Hackensack, Hackettstown, Haledon, Hawthorne, Lambertville, Long Branch, Midland Park, Millville, Moorestown, Rahway, Ramsey, Roebling, 3 and Woodbury.

Investigations made of water supplies and water purification plants at Camden, Camden (Stockton Water Company), Clementon, Groveville, Hamilton Township, Laurel Springs, Leonia, Yardville.

Proposed bottled water supply inspected at Yardville (Edwin Cathcart premises.)

Inspections were made upon the following watersheds: Bridgeton, Dover, Hackensack. At 65 towns, State, county and city institutions and manufacturing plants, in some cases 2 to 6 inspections were made, 88 in all.

Investigations were made of sewage disposal plants and sewerage systems at Chatham, Madison, Cranford, Delford, Galloway Township (Sea View Golf Club), Haddonfield (Bancroft Training School), Highlands, Leonardo (C. L. Duvale), Lyndhurst, North Bergen.

Stream inspections made on Delaware River and tributaries, Hackensack River and tributaries, Newark Bay and tributary, Passaic River and tributaries, Rahway River and tributaries, Raritan River and tributaries, Whippany River and tributary.

Number of stream pollutions reported, 151; reinspections of stream pollutions made, 18; stream pollutions found abated, 5; cases referred to the Attorney General, 2; notices to cease pollution issued, 24; plans for sewage disposal plants, sewerage systems and extensions approved, 18; plans for water supply systems approved, 3.

NEW AND NON-OFFICIAL REMEDIES.

Since the publication of New and Non-Official Remedies, 1914, the following articles have been accepted for inclusion with "N. N. R.":

H. M. Alexander and Co.: Normal Horse Serum; Typhoid Vaccine, Immunizing.

Antiseptic Supply Co.: Causticks; Caustick Applicators; cupricsticks; Stypsticks.

B. B. Culture Laboratory: B. B. Culture.

Farbwerke Hoechst Co.: Amphotropin; Erepton.

Fairchild Bros. and Foster: Trypsin.

Hoffmann LaRoche Chemical Works: Thiocol; Syrup Thiocol, Roche; Thiocol Tablets.

Hynson, Westcott and Co.: Phenolsulphonephthalein, H. W. and Co.; Phenolsulphonephthalein Ampules, H. W. and Co.

Merck and Co.: Cerolin.

H. K. Mulford Co.: Acne Serobacterin; Anti-Anthrax Serum, Mulford; Antistreptococcus Serum Scarlatina, Mulford; Coli Serobacterin; Disinfectant Krelos, Mulford; Neisser Serobacterin; Penumo Serobacterin; Salicylos; Scarlatina Strepto Serobacterin; Staphylo-Serobacterin; Staphylo Acne Serobacterin; Strepto-Serobacterin, Typho-Serobacterin.

Riedel and Co.: New Bornyval.

Reinschild Chemical Co.: Phenolphthalein Agar.

E. R. Squibb and Sons: Sodium Biphosphate, Squibb; Tetanus Antitoxin, Squibb.

Aseptic Chemical Co.: Freemann's Russian Mineral Oil: Having been found to comply in all respects with the requirements of the U. S. Pharmacopoeia for liquid petrolatum and not being in conflict with the rules. The council held Freemann's Russian Mineral Oil an official article not requiring admission to New and Non-Official Remedies.

Since the publication of New and Non-Official Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies."

Scarlatina Strepto-Serobacterin, Mulford (Immunizing).—A sensitized scarlatina streptococcic vaccine, sold in packages containing three doses of killed sensitized streptococci. (The Council has at present no means for determining the identity and purity of serobacterins and these must therefore be used on the guarantee of the manufacturer, alone).

Phenolphthalein-Agar.—Phenolphthalein-agar is agar-agar impregnated with phenolphthalein, 100 Gm. containing 3 Gm. of phenolphthalein. It has the properties of agar-agar augmented by those of phenolphthalein. The Reinschild Chemical Co., New York (Jour. A. M. A., April 11, 1914, p. 1168).

Causticks (Silver Nitrate 75 per cent.).—Wooden sticks 1½ inches long, tipped with a mixture of silver nitrate 75 per cent. and potassium nitrate 25 per cent. Each stick is to be used but once. Antiseptic Supply Co., New York.

Caustick Applicators (Silver Nitrate 75 per cent.)—Wooden sticks 6½ inches long, tipped with a mixture of silver nitrate 75 per cent. and potassium nitrate 25 per cent. Each stick is to be used but once. Antiseptic Supply Co., New York.

Cupricsticks (Copper Sulphate 60 per cent.).—Wooden sticks 1½ inches long, tipped with a mixture of copper sulphate 60 per cent., alum 25 per cent. and potassium nitrate 15 per cent. Each stick is to be used but once. Antiseptic Supply Co., New York.

Stypsticks (Alum 75 per cent..).—Wooden sticks 1½ inches long, tipped with a mixture of alum 75 per cent. and potassium nitrate 25 per cent. Each stick is to be used but once. Antiseptic Supply Co., New York (Jour. A. M. A., April 25, 1914, p. 1328).

Food for Thought.

The man who never made a mistake—never made anything.

He that can have patience can have what he will.—Franklin.

Science is advanced chiefly by enthusiasm—in seeking truths; it is hurt most by enthusiasm—in proclaiming half-truths!—Dr. W. M. Brickner.

Few men can sit down quietly when they have lost a fall in life's wrestle and say: "Well, here I am, beaten, no doubt, this time; by my own fault, too. Now, take a good look at me, my good friends, as I know you all want to do, and say your say out, for I am getting up again directly and having another turn at it."—Thomas Hughes.

Beware of stumbling over a prosperity which easily besets you, from not having your time fully employed—I mean what the women call dawdling. Do instatntly whatever has to be done and take the hours of recreation after business, never before it.—Sir Walter Scott.

All the gospel in the world can be boiled down into a single precept—do right now. I have observed that the boy who starts in the morning with a determination to behave himself till bedtime usually gets through the day without a thrashing.—Charles Dudley Warner.

The essence of lying is in deception, not in words. A lie may be told by silence, by equivocation, by the accent on a syllable, by a glance of the eye attaching a peculiar significance to a sentence, and all these kinds of lies are baser by many degrees than a lie plainly worded. No form of blinded conscience is so far sunk as that which comforts itself for having deceived because the deception was by gesture or silence instead of utterance.—John Ruskin.

Luck is of your own making. Luck means rising at 6 in the morning and living on $1 a day if you can make $2. Luck means the hardships and privations you have not hesitated to endure, the long nights devoted to hard work. Luck means the appointments you have never failed to keep, the train you have never failed to catch. Luck means the trusting in God and your own resources. Luck comes to them who help themselves and know how to wait.—Max O'Rell.

Service.—When we try to serve the world (or to understand it), we touch what is divine. We get our dignity, our courage, our joy in work because of the greatness of the far-off end always in sight, always attainable, never at any moment attained. Service is one of the ways by which a tiny insect like one of us can get a purchase on the whole universe. If we find the job where we can be of no use, we are hitched to the star of the world, and move with it.—Cabot: What Men Live By.

There is a Woman's Movement, of course. Woman is moving along towards greater enlightenment, wider knowledge, just as men are moving also in the same direction, but she is not moving out of the sphere for which Nature intended her. That sphere is being enlarged and will go on being enlarged, but the center of her life is going to be just the same. The home will always be the main interest in the life of the majority of women.

There are female agitators who talk of the tyranny of the kitchen, of wages for wives, of the economic independence of women and so on. Some of them are really desirous of improving the lot of women; all honor to them. Others are anxious to secure power for themselves. But taking them all together they do not represent the great majority of women.

The great majority are happy with their husbands even without wages, they do not look upon marriage as an enslavement, they are interested in their households and their children's new suits and glad to get a new recipe.

The steak is tough sometimes, the heater fire goes out on a cold day, and the dish-washing never ends, but notwithstanding all these the average woman does not take kindly to the idea of a central kitchen, nor does she want to break up and board, nor is she worrying much about her own economic independence or dependence.—Grace Goodhouse in Camden Courier.

He is happy whose circumstances suit his temper, but he is more happy who can suit his temper to any circumstances.—Hume.

Facetious Items.

The early fly's the one to swat
It comes before the weather's hot,
And sits around and files its legs,
And lays at least ten million eggs,
And every egg will bring a fly,
To drive us crazy by and by.
—Walt Mason.

Two Hebrews, meeting one day, were discussing local news.

"You know Jake Steiner, vot vas sick las' week?"

"Ya, sure I do."

"Vell, he has had his appendix taken avay from him."

"Vell, dot was too bad. But it serves him a'right; he should 'av' a'd it in his wife's name."
Today's Magazine.

This didn't happen in Johnston City: The doctor had just finished stitching up the injured hand. He was quite well pleased with his job, for it had been a much damaged hand. The patient looked at it carefully and said: "Doc, do you think that when this heals that I will be able to play the piano? "There is no reason why you should not," answered the doctor, "if everything goes well." "Then, doctor, you are a wonder, for I never could before."—From the Williamson County Physician.

The house committee of a lunatic asylum had been visiting the institution on a certain occasion, and were afterwards standing talking in the grounds, when one of their number, happening to glance at the asylum clock, cried: 'Good gracious! Is that the time?" "No," dryly replied the stranger, who turned out to be an inmate. "If it had been right it wadna' have been here."—Doctor's Recreation Series.

"I thought you told me this place was so healthy that nobody ever died here!" objected the prospective purchaser to the real estate agent.

"I did, and I'll stick to it."

"I'll bet you will. You also told me that people in this suburb didn't have to pay grocery bills, because the ground raised their vegetables for the—"

"I told you that, too."

"How do you account for the fact that one of your prominent citizens died of starvation yesterday?"

"That was a doctor."—Cleveland Plain Dealer.

Little Willie was left alone with sister's beau.

"Mr. Chumpley," he presently said, "what is a popinjay?"

Sister's beau wrinkled his forehead.

"Wh-why, a popinjay is a-a vain bird."

"Are you a bird, Mr. Chumpley?"

"Certainly not."

"That's funny. Ma said you was a popinjay, and pa said there was no doubt about your bein' a jay, an' sister said there was small hopes of your poppin', an' now you say you ain't a bird at all. That's funny."—Cleveland Plain Dealer.

Roger W. Babson says that in looking up appendicitis cases he learned that in 17 per cent. of the operations for that disease the postmortem examinations showed that the appendix was in perfect condition.

"The whole subject," he adds, "reminds me of a true story I heard in London recently. In the hospitals there, the ailment of the patient, when he is admitted, is denoted by certain letters, such as 'T. B.' for tuberculosis. An American doctor was examining these history slips when his curiosity was aroused by the number on which the letter 'G. O. K.' appeared. He said to the physician who was showing him around:

"There seems to be a severe epidemic of this G. O. K. in London. What is it, anyhow?'

"'Oh, that means "God only knows,"' replied the English physician."—Open Door.

"She's getting rather plump."

"Yes, but don't you dare to tell her so. She nearly sued her husband for a divorce on account of her plumpness."

"Why, he isn't to blame."

"No, but she heard that he was complaining that he had an elephant upon his hands, and she thought he meant her, and he only meant a house he was trying to rent."—Houston Post.

A traveler in Indiana noticed that a farmer was having trouble with his horse. It would start, go slowly for a short distance, and then stop again, relates an exchange. Thereupon the farmer would have great difficulty in getting it started. Finally the traveler approached and asked, solicitously:

"Is your horse sick?"

"Not as I know of."

"Is he balky?"

"No, but he is so blamed 'fraid I'll say whoa and he won't hear me that he stops every once in a while to listen."

"Do you ever think, George, dear," said she, and her voice was soft and low, as befitted the perfect beauty of the night—"do you ever think how closely true happiness is allied with tears?"

"I don't believe I ever do," admitted George dear, "but I will, if you like."

"Yes," she went on, gazing up into his face, and her lips were very close to his. "When one is truly and wholly happy, George, dear, there is but little to divide a smile and a tear."

"Well, that's a fact," assented George dear. "But I never thought of it before. After all, there's nothing but the nose."—London Answers.

"Daughter," said the father, "your young man, Rawlings, stays until a very late hour. Has not your mother said something to you about this habit of his?"

"Yes, father," replied the daughter sweetly. "Mother says men haven't altered a bit."—Ladies' Home Journal.

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Truly Yours
E Hollingshead

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MEDICAL PROBLEMS.

By Enoch Hollingshead, M. D., Pemberton, N. J.

Medicine has ever had its problems and their solution has ever been made possible by thoughtful, painstaking medical men. Men whose lives have been devoted to the uplift of their fellow men, whose every act has been for humanity's advancement. Men who forced the heart and nerve and sinew to serve your time long after they were gone. Men who lived on life's best terms of *constant effort* all the way. Men who have never cast a doubtful boat upon Life's ocean, but freighted it with wisdom and experience for the benefit of others yet to be. Men who have blazed the pathway of world development in every land, in every clime. Medical men who have sought to solve life's problems in disease, to relieve distress and suffering wherever found. The problems of the fathers are with us still. Diseases which they failed to remedy we are making but little progress in the way of cure. Excesses of all kinds are as rampant as in days of yore. Those of Bacchus, Venus and Vulcan have been and are mighty factors in lowering vitality, increasing susceptibility to certain diseases and are the bane of medical men.

Tuberculosis and cancer are yet unsolved problems. The former has been for centuries the most frequent of all infections. Its toll of death being nine per cent. of all who pass to the great beyond, in the United States, and exists in all countries of modern civilization. In Germany it is twelve per cent. of all deaths, three per cent. greater than our own country. In the United States between the ages of 15 and 60 thirty per cent. have tuberculosis, 160,000 die each year of this disease. Of the over ninety millions of people now living in the United States eight millions are due to die of this disease in the course of time, while at the present time it seems to be declining, it is so gradual as to make but little impress upon the gross amount. Tuberculosis is a poor man's disease, and is more prevalent among those who are poorly housed, fed and clothed, with overwork and worry, but few persons more than a few years old fail to give Von Pirquet cutaneous reaction. Medical men have been fighting this disease for centuries, but have never yet been able to get beyond the outer breastworks. They have never scaled the ramparts, the citadel remains impregnable. Medical men, by its early recognition, by care and surroundings, by creating systemical resistance and sustaining the vital forces, have made life's fires a little longer burn, but the word CURE is not written across the brow of its victims. It is still a medical problem.

Next to Tuberculosis is Cancer in its various forms and over which medical and surgical treatment have but little control and, like tuberculosis, leaves its devitalizing influence upon succeeding generations: who has not seen the weak physical system inherited by children of cancerous parents, unless one of the parents gives the characteristics to the offspring. It is a problem of heredity and investigation along those lines should be by conscientious physicians. Some genius will yet discover the darkened mysteries of its cause, and mitigate the fearful ravages of this disease in suffering and human life. The ancestry of such persons should be made more of a

study by physicians to learn what combinations unite to develop such a disease in all its forms.

Mental degeneracies now occupying the attention of the laity through the periodicals of the day, is a medical problem and should receive more attention from medical men. It is a disease produced by many well known causes, which if worked out would relieve the burdens of many homes and lessen much care and expense of the government. Darwin's theory that life is a survival of the fittest seems to be reversed and makes it an increase of the unfit, and that increase is appalling.

According to the United States census of 1910 the whole population of the United States increased from 1904 eleven per cent. The population of mental defectives increased twenty-five per cent. Sixty-six years ago there was not an institution in the State of New Jersey for their care, outside of the county almshouse in each county, and the prisons for any form of mental defects. To-day thousands are being cared for in all the various institutions in the State with no hope of improvement but the demand increases. Professor Johnson says that in the institution at Vineland, that the number of cures for mental deficiency is one-half of one per cent., or one in two hundred, and the far-reaching cry is for greater facilities for the care of those so affected. Is it not time to look about for the causes producing so much degeneracy in its different forms, and the evils which follow in its train. The report of the commission on the care of Mental Defectives appointed last year in New Jersey says alcohol is the most prominent single causative agency with reference to crime, pauperism, mental disease and degeneracy, and that social customs are responsible to a degree for the future inebriates and alcoholics. This is in accord with all the experiences of the past—that alcohol produces degenerative and defective germ cells which once started reproduce their kind in increasing numbers, and this we call heredity and it plays the most important part in the transmission of insanity, crime, idiocy and imbecility, and all forms of nervous troubles are aligned with that same cause. The union of alcoholics with thyroids will in most cases produce some form of degeneracy. The same with most of the ductless glands. The writer has seen in a family of six with an intemperate father, and a degenerate mother, four of their five daughters as primiparas, having puerperal eclampsia, the son dying with lymphoma. The etiological factors of prenatal life, the influence they have upon the future development of every individual should be more thoroughly studied and classified by medical men. The law of Mendel of unit character which is understood as a characteristic of the individual transmitted from parent to offspring through successive generations and applies alike to animals and plants. Weissman in his essays upon heredity bases his views upon the assumption that germ plasm is distinct from the body. That acquired characters are not inherited. That the parent is composed biologically of body cells which are mortal and reproductive cells of germ plasm which are distinct, continuous, immortal, and that the germ cells make but little change from the original condition. All family histories, all structural similarities confirm this view.

Wilson on cell development and inheritance gives a reversal of this point of view, regarding inheritance as taking place from the body of the parent to that of the child. The child inherits from the parent germ cells, not from the parent body, and that germ cell owes its character not to the body which bears it, but to its descent from a preexisting germ cell of the same kind; thus the body is an offshoot from the germ cell. As far as inheritance is concerned the body is merely the carrier of germ cells in trust for coming generations.

This problem is instructive to physicians in the treatment of diseases; the germ plasm of the forbears produces in succeeding generations the same tendency to the same disease.

Consequently according to Castle the marriage of cousins will be evidently harzardous if the objectional hereditary characters are dominant. The union of dissimilar characters even if related, often produce genius, and that a racial stock maintains a high standard of excellency under inbreeding and is one of great vigor and free from inherant effects.

Davenport has collected from two hundred families and found the same diseases were more prevalent in those families from which their antecedents have had the same disease. When history tells us that when Lord Clinton evacuated Philadelphia during the Revolutionary War, he marched across New Jersey to Perth Amboy, thence to New York, many refugees, both men and women, were followers of the British army.

Lord Clinton taking boats and going south to join Lord Cornwallis left the refugees stranded upon New Jersey soil. As no normal man or woman would be followers of the army we conclude that the low mentality of the New Jersey pines was due to the stranding of those refugees. At that time they became pirates upon the sea and robbers upon the land and their depredations upon both are matters of history. The killing of Bacon in 1794 broke up their organized band, and they became squatters upon the land, married among themselves and reproduced others of their kind until one-tenth of all the children in the schools according to the Binot Simon Test are freeble-minded in some sections.

Criminals in time past have sought the pines as a retreat or hiding place from justice, marrying and raising families, the low cunning of the criminal with the low irresponsibility producing the most undesirable citizens, capable of any crime.

Herbert Spencer has said that the inherited constitution must ever be the chief factor in inheriting character. Environment may influence the individual but has small and slow power of producing good, and great and rapid power for evil.

About the social life of New Jersey in the year of 1800 Francis B. Lee, in his work on New Jersey as Colony and State, says the large plantation interest formed a dignified ancestry in West New Jersey, which had its counterpart in East New Jersey. The descendants of the old Dutch settlers who had ancestral homes adjoining New York and were termed the country gentry. Another group were the small farmers, store-keepers, artisans and day laborers and apprentices, while slaves and half-breed Indians were the base of the social structure, that social life was limited to polite intercourse at their homes or in the taverns, that it was the time of feasting and drinking on every public occasion, which were as demoralizing as numerous. From such a history it is not strange that all our State institutions are crowded with insane dependents and criminals. How is it to be met? Philanthropists and governments are building more houses to store them, costing millions every year. Can this go on increasing at the rate of one and seven-tenths annually of our population? It is a medical question. The building up of a community through germ plasm will require the best thought of medical men, for only by that reconstruction can any permanent good be derived. Individuality is expected of the educated. Wisdom means morality and mentality. Can you produce either in the non-normal mind? Ignorant power is as dangerous as the rapids of Niagara. You can at least diminish the source. You can by legislative action cut out two of the important causes which produce forty per cent. of crime and dependency. Alcohol and the social disease pollutes the stream of life more than any other two causes. Close your saloons at six as you do your stores, and stop the reveler reeling home at one, with all their direful consequences. Segregate or confine social disease as you would leprosy until all danger is passed of producing it in others. Diagnose feeble-mindedness in early life, for it can be done, and inform those in charge of the advantages that proper care and training may be given the unfortunate. Sterilize the incorrigibles and leave no possible chance for them to leave to posterity problems for their cure. Another problem of life and development which has long been a subject of discussion for medical men and for men in other walks of life. Napoleon Bonapart as Emperor of France gave much thought and attention to the subject; he advocated very strongly the necessity of foundling hospitals and maternities for the better care and development of children during infancy, believing that they would make better men for the armies of France, and therefore add to that country's grandeur and power.

Lord Byron a century ago, alluding to the poor nutrition given to children in early life who are deprived of nature's fountain, the mother's breast, wrote that across the brow of nations famine had written fiend. The medical priest Savonarola of Florence urged with all the fervor of his brilliant intellect that mothers should nurture their own children, saying that a mother who could not nurture her child was a defective. That a mother who could not and would not nurse her children was an imbecile and an outcast from the laws of God and man. Statistical records from the clinical hospitals for diseases of children in Stevenson Square, Manchester, England, prepared by Dr. Whitehead and which might be produced from every children's hospital, from which it appears that the larger the supply of breast milk, and the more exclusively it was given, the better child development; from the records of said hospital of one hundred and fifty children,

ninety-four that were fed from mothers' breasts were well developed, thirty-five of medium development and twenty-one badly developed; from the records of the same hospital of fifty children raised artificially without any breast milk at all, were five well developed, thirteen medium and thirty badly developed. The death rate of those artificially raised over those who have an abundance of natural food in the first two years of child life shows that if those lives could be conserved, and made to develop into normal men and women annually, they would be a vast uplift in our country's development.

The badly nourished brain of childhood can seldom grasp life's problems and master them to life's requirements in after years. Our country asks to-day for men and women well developed mentally and physically who can grasp life's great problems. All the education of our schools cannot make them such from weak, poorly nourished children with weakened will power, with feeble resistance and greater susceptibility to all epidemic and endemic diseases; they do not, they cannot stand life's strain to reach advanced life. Their evening sun goes down at noon. Medical men, why do you permit those under your care, without an effort, to lay aside the grandest object motherhood can have—to produce for future generations great and noble offspring for the service of God and humanity? Does any one of you know of a pure, noble character in man or woman that was not nurtured at nature's fountain—the mother's breast? We know there are some women who cannot impart to their children the sustenance of life; pity them, but do not let them pass the effort by until you have exhausted all the efforts that medical experience can give.

Emetine, Effects of, on the Heart—Dr. R. Moulinier, in the Jour. de med. de Bordeaux, says that, experimentally, he found that emetine hydrochloride in toxic amounts is capable of causing disturbances of the cardaic contractions and ultimately arrest of the heart in diastole. During the course of these effects he noticed that there was disordered excitability and contractility of the heart muscle, manifested particularly in an abnormal response of the heart to faradic stimulation applied directly to the ventricle. Occurring in the presence of auriculovenericular dissociation, these effects show that heart block may have as its cause, independently of all lesion of the bundle of His, disturbances relating exclusively to the contractility and excitability of the heart muscle.

ORATION IN SURGERY.

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THE PATHOLOGY UNDERLYING ABDOMINAL SYMPTOMS.

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In the advance of medicine the most noteworthy tendency has been the enlargement of the group of organic diseases at the expense of so-called "functional" disorders. In no area of the body has this movement been so well exemplified as in the additions which have been made in the last generation to the pathology underlying abdominal symptomatology. Dyspepsia, indigestion, hyperacidity, gastralgia, atomy, sensory, motor and secretory neuroses and a host of kindred terms have been placed in the realm of what Oliver Wendell Holmes called "the learned ignorance of a nomenclature" as the hidden causes of these disturbances have been brought to light. This has been accomplished chiefly by the accessibility of the abdominal cavity and its viscera to the surgeon, affording an opportunity to observe the forces of pathology in motion, to witness the beginnings of disease and to correlate cause with effect at a time when the causal relationship is more easily appreciated. This has given rise to the science of "living pathology," which has superseded in importance the pathology of the dead in that it deals not so much with the end results of disease as with the origin, course and biologic phenomena of morbid processes.

To the clinician this has meant a deeper penetration into the underlying causes of abdominal symptoms. It has necessitated a diagnosis of the site of disease and the process at work rather than contentment with a mere clinical characterization. It has revealed the causes of disease in infections, neoplasms, and in congenital and acquired abnormalities. The appendix, the Fallopian tubes, the gall bladder and the pyloric region have been convicted as the chief sources of intra-abdominal infection. More recently the existence of abnormal bands and membranes, of kinks and redundancies in the intestinal tract has been shown to possess clinical significance as the cause of common symptoms heretofore un-

explained, and while the subject is in the developmental stage, out of this melting pot of ideas, theories and proposals for treatment there will emerge the good gold of progress. But it is not so much of progress into undeveloped fields that I would speak to-day as of the utilization that may be made of knowledge that we already have. "To serve the present age" is the immediate duty.

The diagnostic features of the chief abdominal diseases have been sufficiently emphasized. Typical cases no longer escape recognition or hide behind meaningless names. Most of the educational work of those who are entitled to rank as leaders of the profession has had to do with the depicting of the clinical features of the average or usual manifestations of disease. Fitz has embalmed the classical symptomatology of appendicitis and pancreatitis. The masterly pen pictures of duodenal ulcer by Moynihan have given almost unequalled precision to the diagnosis of typical instances of that common condition. Gall bladder infections both with and without stones in many cases write a language now so familiar that "he who runs may read." That which is not so well understood or sufficiently emphasized is the remarkable variations from type which occur in the best understood diseases, the consequent difficulties in diagnosis and the necessity for wide experience and inductive ability if we are to offer to the patient the full advantages of our art. A brief survey of a year's work with the more common abdominal diseases may serve to illustrate this situation. It must be remembered moreover that the surgeon, as a rule, sees only the more typical instances of disease where diagnosis and indications for treatment are clear, but the surgeon's experience is sufficient to indicate the vast number of cases that suffer with unusual and obscure manifestations of organic disease to whom the simple treatment of the cause is thereby denied.

In that time our work in one hospital has comprised 121 cases of gall bladder disease, 28 of duodenal ulcer, 38 of uncomplicated pancreatitis and 585 of chronic appendicitis. To have analyzed the entire number of chronic appendicitis cases would have served but little purpose and from this number we have selected 26 instances in which the symptoms were such as to indicate disease elsewhere, chiefly of the upper abdomen.

Two-thirds of the cases of gall bladder disease, in accordance with its well known tendency, were in the female sex. The ages ranged from eighteen to sixty-six years, the average being forty-two. The physique of patients with cholecystic disease is as a rule inclined to obesity. It makes an impression on students to summarize these characteristics in the phrase "fair, fat and forty, belches gas—gallstones." The diagnostician, however, must remember the many variations in the age, sex and physique. In duration the cases varied from two days to thirty-five years. The average was four years. A large proportion of these patients suffered for years with indigestion which was ascribed to various causes other than the true one, the diagnosis being made only by the supervention of an attack more typical than its predecessors or else by a more alert physician who was finally consulted in the discontented wanderings which are common in patients who are the subjects of recurrent, unrelieved disorders.

It is worthy of note that the average sufferer from gall bladder disease received his infection in the decade from 30 to 40 years and in many instances the evidence points towards a much earlier involvement. Inflammatory disease of the gall bladder must therefore be regarded as common in early adult life rather than as usual, a disease of late and declining years. It is true that the more severe cases are in the later decades, but this is true only because a diseased gall bladder never returns to the normal and rarely becomes completely quiescent but generally accumulates additional pathology in the shape of gallstones, pericholecystic adhesions, cholangitis, pancreatitis and other complications which finally, in many instances, give rise to the more severe manifestations of the disorder. If the liability to cholecystic infection in early years were more commonly appreciated, more cases of upper abdominal indigestion would receive their true explanation and appropriate treatment. Medical treatment can accomplish much in early and mild affections of the gall bladder, but it is necessary that it be rationally directed and rigidly maintained for a sufficient time. When the disease is so firmly implanted that it cannot be eradicated, the condition becomes a surgical one before the development of the graver complications.

The pain of gall bladder disease varies greatly in situation and severity. Even in this series in more than ten per cent. of the cases the pain was not felt in its usual situation in the region of the gall bladder, but

in three cases it was localized by the patient in the kidney region, in three in the mid-back, in one at the right scapula and in four at the right iliac fossa. The failure of our nervous mechanism to localize accurately the situation of deep seated visceral pain is well known but not sufficiently utilized in diagnosis. Abdominal pain should make us suspicious of abdominal disease and lead to a careful consideration of the chief foci.

Tenderness also was absent in about ten per cent. of the cases. It usually requires inflammation or distension of the gall bladder to bring out tenderness. In the interval the organ may be too well concealed and protected by the costal margin and overhanging liver to be palpated and even if directly pressed upon, it may not be sensitive though it be full of stones and surrounded by old organic adhesions which have the effect of crippling the function of the bowel thus confined. In exacerbations it will rarely fail that tenderness may be elicted by hooking the fingers up under the costal margin and having the patient, by coughing or breathing deeply, force the liver and gall bladder down against the examining finger tips. Murphy proposes that the examining hand be sharply tapped with the fist as the gall bladder descends, but this is rarely necessary.

Nausea or vomiting are very common at some time in the course of the disease if any severe exacerbations are experienced. In minor attacks they are often absent. In our histories they are noted in the present illness in only about half the cases.

Jaundice, that old standby in the diagnosis of biliary disease, is more of a hindrance than a help. True it is that the diagnosis is rarely missed when this sign is present, but even in this operative series it was necessary to make the diagnosis without it in four-fifths of the cases. In only twenty per cent. did examination reveal jaundice or questioning bring out a history of it in the past. How many cases failed to receive a proper diagnosis because of the lack of this sign it is difficult to say, but unquestionably there were many.

The leucocytes varied in accordance with the degree of infection and absorption at the time of admission. The average count was 9,360 per cu. m.m., but they varied from 4,550 to 23,350. The estimation of the leucocytes is of value as an auxiliary to fever, pain and tenderness as proving the existence of infection and in a rough way estimating its severity. It is of no assistance in localizing the lesion.

The analysis of the Ewald test breakfast gave results varying from complete anacidity in one case to a reading of 68 free HCL. and 92 total acidity in another. 65 cases showed subacidity, 19 were within normal limits and in 15 hyperacidity was present.

The X-ray and fluoroscope was employed in 37 cases. In 8 a faint shadow was seen in the gall bladder region and in one a pyloric obstruction due to adhesions was found.

From this brief outline it can be seen how great is the variability in the most conspicuous signs and symptoms of the disease. While thorough examinations are not to be neglected as they give additional data for diagnosis, yet there is a large proportion of cases which vary so materially in essentials from any set clinical pictures that too strict adherence to establish rules can only result in failure to recognize the true conditions. In my opinion we have arrived at the stage where more attention is to be paid to inaugural symptoms and to the atypical cases than to the reiteration of embalmed symptom-complexes, if we are to take advantage of the prompt, early and rational means at our disposal for correcting abdominal disease before the advent of complications which may be irremediable and often fatal.

The situation is not different in respect to duodenal ulcer. Ten years ago we were passing all unsuspecting over histories of this disease which are now so plain that a diagnosis may often be made with certainty without seeing the patient. Epigastric pain occurring at a definite hour after meals with the regularity of the clock, relieved by soda or by the taking of additional food, with periodical remissions and freedom from symptoms usually in summer, in other words what was formerly known as persistent recurring hypercholorhydria is now known to be duodenal ulcer. It is far more common in males, but females are also afflicted. In the 28 cases met with during the past year the ratio was 6 to 1. They occur at all ages from infancy, at which time, as shown by Helmholz, they are a common explanation of melena neonatorum. In this series the ages ranged from 18 to 66 years. The duration of the disease was on the average 9 years. The long duration is significant as showing the essentially chronic and persistent nature of the condition. This period will undoubtedly be shortened as diagnosis becomes more fre-

quent and medical treatment instituted earlier and along more rigid lines, and further when it is realized that failure of medical treatment after a reasonable trial is sufficient indication for surgery.

The pain of duodenal ulcer is practically always upper abdominal except in the case of perforation and spreading peritonitis in which case it quickly affects the lower abdomen, particularly the right iliac fossa as a result of the arrangement of the abdominal water-sheds. This peculiarity frequently leads to the error of diagnosticating perforated ulcer as acute appendicitis, if seen after the first few hours. In this series the pain was situated in the epigastrium in 21 cases, in the right hypochondrium in 7. Its character is not significant. It may be sharp, dull, gnawing, cramplike, colicky or otherwise. Its radiations vary. They were felt in the mid-back in 3 cases, back and left scapular in 2, back and right shoulder in 2 and along the right costal margin in 2.

The relation of the pain to eating is one of the most characteristic features and in the early stages is almost invariably present. As the ulcer migrates, becomes callous or excites periduodenal adhesions the relationship may be much obscured. Frequently the earliest and most characteristic history has been forgotten. In one case the pain was just before meals, the so-called hunger pain. In 13 it occurred at a definite period after the taking of food. In 9 food or alkalies relieved the pain. In one case no relationship to food had ever been observed. Ulcers have been known to perforate without having caused pain previously.

Vomiting is not a prominent feature of duodenal ulcer. In this series it was found in but 11 cases, scarcely more than a third. Blood is rarely present in the vomitus and while it is more often passed in the stools the patient often fails to observe it. A history of sudden giddiness followed by black tarry stools is most significant but is not often obtained. As Moynihan has said, "the diagnosis of a duodenal ulcer from hemorrhage is like the diagnosis of pregnancy, from the presence of a ruptured perineum." Occult blood was demonstrated in the stools 6 times by the guaiac test, absent in 21. Jaundice was met with three times in this series.

The leucocytes averaged 9,000 per cu. m.m., varying between 5,250 and 14,900.

The gastric analysis showed subacidity in 2, was practically normal in 12 and was hyperacid in 12. There is no question that the demonstration of hyperacidity is an important link in the chain of diagnosis of duodenal ulcer but it is not always to be shown by a single examination and in some cases it is absent altogether.

Fluoroscope findings in 20 cases showed as a rule hypermotility and, at times, evidences of peripyloric adhesions.

It is clear that duodenal ulcer must be a common cause of upper abdominal symptoms and that certainty of its actual existence prior to operation will in many cases be well nigh impossible. Again the necessity of close observation and careful analysis is evident before indigestion can be dismissed as functional or with a non-committal name.

Chronic pancreatitis presents the same variability and even greater obscurity. Males slightly predominate. The majority of cases occur in the fourth and fifth decades. Pain was present in the epigastrium in 17 cases, in the right hypochondrium in 15, in the left hypochondrium in one, in the left lumbar region in 2. Nausea and vomiting is fairly constant, occurring in 21 cases. Simple nausea without vomiting in 10. Jaundice was present in 13 cases. Constipation was the rule. Diarrhoea was seen in but 5 cases. Note that the classical description of the stools in chronic pancreatitis is that of "frequent bulky motions, pale in color, offensive and obviously greasy." Tenderness is usually slight. The pancreas is rarely sufficiently enlarged to be felt. Leucocytosis is present only in exacerbations. In all but advanced cases the essential ferments are not greatly diminished in gastric contents or stools. The gastric analysis was subacid in 13, normal in 2, hyperacid in one. The Cammidge reaction in our experience is almost wholly unreliable. Glycosuria is occasionally present or sugar tolerance reduced. The fluoyoscope is practically valueless. It is not too much to say that the diagnosis can only rarely be more than suspected in the early stages. In more pronounced cases by a combination of exclusion and clinical sign-boards it can be made with fair certainty. Occasionally in advanced cases the condition is clear. Under these circumstances certainly a thought as to the condition of the pancreas should flit across the mind of the physician who is consulted because of indigestion.

A very interesting group of cases are those of upper abdominal indigestion depending upon chronic appendicitis. During the year 1913 there were in the German

Hospital, 585 cases of chronic appendicitis, 26 of these fell into this group and as a rule were referred because of a belief that one of the upper abdominal organs was affected. There were 17 males and 9 females the ages varying from 19 to 64 years and averaging 32 years. The average duration of the disturbances was about four years, the longest being fifteen years.

In none of these cases were the symptoms those of appendicitis as we know the classical disease. And in all, the variations were so marked that a positive diagnosis of appendicitis would have been extremely hazardous. Yet the symptoms were such as called urgently for relief. And the only hope for cure lay in the removal of the offending organ. Such cases are rocks for the wreck of the physician's reputation.

The pain in 17 cases was in the epigastrium. In 4 over the gall bladder, in 2 it was central and in 3 in the lower abdomen. In 3 cases it seemed to radiate to the right shoulder and back. Thus appendicular dyspepsia may mimic disease of the gall bladder. None of these cases was jaundiced and in all the gall bladder and biliary tract was absolutely normal so far as could be determined at operation. In 10 cases the pain was related to eating, in one occurring just before meals like the "hunger pain" of duodenal ulcer and in 9 it came on with considerable regularity after the ingestion of food. Here we see the great difficulties which may be met with in the clinical distinction between chronic appendicitis and ulcer of the duodenum. Only 6 cases gave a history of vomiting. The bowels were regular in 10, constipated in 10 and abnormally loose in 2. A history of alternating constipation and diarrhoea is frequently significant of chronic appendicitis.

The leucocytes varied from 4,950 in the quiescent cases upwards to 15,000 in exacerbations.

The gastric analysis showed subacidity in 10 cases. In 7 it was practically normal and in 9 hyperacidity was present. The combination of symptoms of duodenal ulcer with hyperacidity is so deceptive that a clinical differentiation is impossible unless there be at the same time unmistakable evidence of more or less active disease of the appendix. Even after finding a chronically diseased appendix, the presence of such symptoms has frequently impelled me to explore the upper abdomen in the expectation of finding a co-existent ulcer. While at times such an ulcer has been found, more often the search revealed nothing.

Fluoroscopy in these cases was, with but one exception, negative. In one case an hour-glass stomach was seen with the fluorscope, but evidently the condition was spastic since, under the influence of the anesthetic at the time of operation it had disappeared and the stomach to all appearances was normal.

We have as yet said nothing of the results of palpation since we wish to emphasize that this is the most important means of distinguishing appendicitis with symptoms of upper abdominal disease, from true organic disease of the upper abdominal organs. It is rarely the case that any marked tenderness is felt in the upper abdomen in the absence of distinct pathological changes. Yet it is necessary to be very cautious in accepting the results of palpation of that region. Many people are very sensitive to epigastric or hypochondrial pressure. The great solar plexus lies in this region and is itself sensitive to pressure. Neurotic individuals are especially likely to complain of palpation in this region. When the recti abdominis are tense as is not infrequently the case, especially in the young, it is most difficult to depress the abdominal wall below the xiphoid and costal margin sufficiently to gain any real information concerning the underlying viscera. The bulge of the rectus just above the highest tendinous inscription is likely to be mistaken for an intra-abdominal mass and the pressure necessary to carry the anterior abdominal wall back against the posterior wall is enough to cause discomfort which may be referred to the viscera beneath. Therefore the interpretation of the results of upper abdominal palpation depends upon experience and the establishing by each examiner of certain limits of tenderness which under the conditions present may be considered not abnormal. Muscular rigidity if due to underlying pathology is accompanied by greatly increased sensitiveness or is unilateral or localized, thus differing from diffuse and equal high muscular tonus. Bearing these point in mind it is rare to find any unusual tenderness in the upper abdomen when symptoms are due to chronic appendicitis, except in the cases where such symptoms are due to a highly placed appendix when pressure in this region is brought directly to bear upon the appendix itself. On the other hand a chronically diseased appendix which is productive of no local symptoms may often be found to show considerable sensitiveness to direct palpation. Not infrequently the overlying mus-

cles may be slightly more resistant than the same area on the opposite side. Occasionally a thickened appendix may be felt through the abdominal wall. Therefore it may be said that upper abdominal symptoms when the signs are all in the right iliac fossa point to the existence of this type of appendicitis. The appendices in this series of case showed present or past chronic interstitial inflammation of all grades up to complete obliteration of the lumen, reducing the organ to a fibro-muscular cord. While obliteration in a sense may be regarded as a natural cure of appendicitis and certainly is a protective measure, since such an organ is no longer subject to the action of bacteria within its lumen and therefore rarely becomes actively inflamed, yet such an appendix may remain tender and be productive of abdominal symptoms.

The mechanism by which chronic appendicitis produces symptoms at a distance is an interesting subject for speculation. As yet it can scarcely be said to have been completely cleared up. Formerly it was regarded as a reflex phenomenon. We are all familiar with the fact that appendicitis in its early stages, in common with many intra-abdominal conditions, causes pain which is felt in the central or epigastric region. Lennander, working with local anesthesia within the abdomen showed that visceral pain is commonly referred to this situation. This is probably due to a lack of differentiating power on the part of the nervous mechanism of the abdominal organs. Evolution has had but little if any use for localization of painful sensations of the abdominal viscera.

But there are probably other factors to be considered. Chronic appendicitis is a focus from which more or less toxemia is derived. Toxemias frequently cause upper abdominal symptoms. The recent work of Rosenow with the streptococcus showed that bacteremias may spend their chief effects upon the stomach and duodenum and by the injection of certain strains of streptococci into the circulation he has been able to produce duodenal ulceration.

Pylorospasm or a spastic condition of the pylorus has been invoked to account for some of the symptoms. This may be either a toxic or reflex phenomenon. If this actually occurs as frequently as seems likely it is not remarkable that duodenal ulcer is simulated since the symptoms of ulcer are certainly in some measure due to spasm of the sphincter of the pylorus.

Finally it should be understood that this rather discursive and iconoclastic paper on the difficulties of accurate diagnosis are for experienced ears and not for the student. The majority of diagnoses are still the obvious and are based upon established symptomatology with recognized variations. If the impossibility of accurate clinical diagnosis in some cases should cause any to despair or become careless, this paper will have gone wide of its mark. It should rather be taken in the spirit of an honest confession which should be good for all of our souls. For it has been our experience that many cases have been long denied the benefit of surgery because of the overzealous desire of the physician to be *sure* of his ground before consulting the surgeon. Many cases also have been fortunate enough to secure a curative operation because of an incorrect diagnosis. There are symptom complexes which certainly mean surgical disease of the abdomen which do not point with certainty to the exact nature of the trouble. Never under any circumstances are we sure in advance of operation whether the gall bladder has stones in it or not. But we may know that the gall bladder is surgically diseased. Chronic abdominal invalidism is for the surgeon and there should be no hesitation in such cases because it is only the aseptic scalpel that can dispel the mysteries and reveal the truth.

1634 Walnut Street.

DISCUSSION.

Dr. Damon B. Pfeiffer, Philadelphia, said: Advances in medicine have practically always been brought about by intensive cultivation of a relatively small field. I do not mean to say that medicine is chiefly indebted to the specialist, so called, for additions to knowledge. Any man may engage in concentrated work. The general practitioner whose field is the broadest may not infrequently have special opportunities of observation along one or more special lines and every man is attracted by and feels an especial interest in certain limited portions of his work. Robert Koch was a country practitioner in a small community when he began the studies in bacteriology which were destined to make him famous and place medicine everlastingly in his debt. Corrigan, the great Irish clinician, had but a few hospital beds at his disposal when he made the epoch-making observations on valvular diseases of the heart. It was the particularizing, the careful detailed study of a special set of phenomena in all their relations that led to a wider and deeper comprehension of those phenomena than any one had ever gained before.

So it is with abdominal diseases. We are fortunate in living at a time which is witnessing the delineation of many disorders of the

abdominal organs. Medicine is in the making. But it should be understood that the men to whom the profession must look for the re-writing of old ideas and the addition of new concepts are those who have the advantage of being able to check up their opinions by the "autopsy in vivo." As pathology has been the foundation of rational medicine, so living pathology must be the basis of the future. The old classical symptom-complexes have not served their turn. They are still of great value but we must not allow them at this time to hang about our necks like a millstone to retard our progress. McBurney's point was at one time of the greatest service in crystallizing the opinion of the profession as to the feasibility of recognizing appendicitis, but we no longer hesitate to diagnosticate appendicitis in the absence of this sign. As yet we do hesitate to diagnose duodenal ulcer in the absence of the typical syndrome, and yet it is certain that a large proportion of cases do not conform. The same is true of gall-bladder disease and other abdominal disorders. It may be necessary to appear omniscient to the laity but it is not necessary to wear the mask before one another. Let us all frankly confess our difficulties and the insufficiency of our present knowledge that out of humility may come wisdom and to the end that many who are now denied the benefits of curative operation because of their non-conformity with classical types may find themselves admitted to the fold of the fortunates.

Dr. L. F. Barker, Baltimore, also discussed this paper. The stenographer failed to report, but Dr. Barker may send it later.

Dr. Deaver, in closing the discussion, said: I beg to thank my friends, Dr. Pfeiffer and Professor Barker, for their excellent discussion. The point that I wished to make I think I have clearly enough brought out, yet it will bear repetition. I have tabulated these cases to show the difficulty at times in making a diagnosis. The differential diagnosis between chronic cholecystitis, duodenal ulcer and upper abdominal symptoms the result of chronic appendicitis, is not always possible by any means; in fact it has been my misfortune to err in this respect in a number of instances and I see no reason why I may not continue to err. The cases that come to the surgeon from the medical man are in many instances much easier to diagnose when the surgeon sees them than when the medical man first sees them, as the diseases has advanced and the symptoms are more pronounced. It is still necessary, as it always will be, for the medical man and the surgeon to work together and in this way better results will be obtained. Dr. Barker has brought out the importance of not confounding diaphragmatic pleurisy and basal pneumonia in children with appendicitis. I have frequently been perplexed in making this differentiation.

Laboratory methods and the X-ray are of value beyond any question; both of these, however, must be used in connection with the clinical findings. Laboratory and X-ray findings are sometimes disappointing, yet from every standpoint please understand that I consider them of great value.

A ROENTGENOLOGICAL STUDY OF THE ALIMENTARY CANAL.*

By W. Homer Axford, M. D.,
Bayonne, N. J.

All branches of medicine and surgery have been progressing by leaps and bounds, during the past few years, and Roentgenology has undoubtedly been a great stimulus.

For several years X-ray work was at a comparative standstill, owing to its ill effects on, and the numerous fatalities of, those interested in this particular branch of medicine, because they were ignorant of the dangers of this most mysterious ray.

During the past few years, with the use of protecting lead screens, etc., we have again resumed various phases of research work with a feeling of ample protection. This, however, time alone will determine. Dr. Quimby, of New York, who has probably made more systematic stomach and bowel examinations than any one individual, during the past two years, has noticed a slight rise of temperature after a long series of fluoroscopic examinations in the course of a day. This rise of temperature is due, beyond a doubt, to absorption of the rays.

I was requested to give you a paper on modern X-ray work, but as this would cover such a large field, I have selected a subject which appeals to the physician as well as the surgeon—the "Alimentary Canal."

Here at home, and at the New York Polyclinic Hospital, under the supervision of Dr. Quimby, I have had the opportunity of examining a large number of cases suffering from almost every conceivable ailment of the gastro-intestinal tract and their sequelæ.

Before attempting to study any portion of the Alimentary Canal, it is absolutely essential to fill or coat the part to be examined with some material the X-ray cannot penetrate, such as bismuth subcarbonate, barium sulphate, etc. Furthermore, in order to interpret pathological conditions, it is necessary to be familiar with the normal, in order to have a fixed working basis.

After many tests on individuals who had never complained of any digestive disturbances, we were able to determine the shape, size, position and motility, as well as the length of time required for a normal stomach and other portions of the gastro-intestinal tract, to empty themselves of the

*Read before the Hudson County Medical Society, May 5, 1914.

different opaque salts we use in making these examinations. By means of our knowledge of these fixed, *normal* periods and conditions, we are able to determine the abnormal.

Unfortunately, we have no means of comparing our studies of the human alimentary canal with that of other animals. Man is the only animal whose natural position, during waking hours, is vertical. In every other living thing, having a known digestive tract, the natural position is horizontal, the bowels being evenly supported by the anterior or inferior abdominal wall. In man, the bowels gravitate and are supported by the pelvic floor, and their mesentery. If

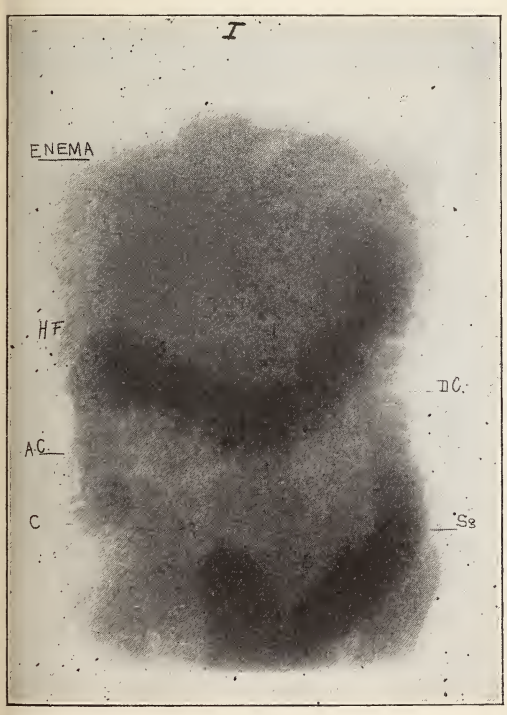


Fig. I. Evolutionary band at junction of iliac and pelvic sigmoid, causing dilitation of entire colon, patulous ileocecal valve, chronic appendix, iliac stasis, dilated duodenum, gastric ulcer.

you suspend a number of coils of rubber tubing on a row of nails or different shaped supports, you will have an ideal picture of the human intestinal tract. You will note angles of different degrees, and at some points, the lumen of the tube will be almost completely obliterated.

In certain parts of the intestines, the so-called, normal suspension points, as the junction of the first and second portions of the duodenum, the junction of the duodenum and jejunum, terminal ileum, hepatic and splenic flexures, we almost invariably find angulation, and marked changes in the lumen of the bowel, caused by gravity, and, to a greater or lesser degree, by ptosis.

Owing to these same conditions, we, naturally, have undue traction on different parts of the mesentery, which, in turn, will set up a round celled infiltration with formation of connective tissue (which is always bound to contract) and we have the resulting evolutionary bands, contracted mesentery, adhesions, membranes, etc., which inhibit peristalsis and retard the onward passage of intestinal contents. On the other hand, we frequently find inflammatory processes, such as: ulceration in the mucous membrane of the peritoneal cavity, malignancy, peritonitis, post-operative adhesions, etc., causing many of these same pathological conditions.

These factors may be divided into simple mechanical obstruction, simple mechanical obstructions combined with organic changes, and organic obstruction without mechanical phenomena.

The question now naturally arises, as to whether some of these anomalous conditions are congenital. To my mind, heredity plays a very important part in many cases. The X-ray often reveals the evidence of contracted mesentery, evolutionary bands, adhesions, etc., in babies suffering from digestive disturbances, long before they are able to walk. In a few cases, I have been able to examine the parents and found anomalous conditions, and, by careful questioning, have gotten a clinical history of gastro-intestinal trouble back to the third generation. In examining apparently healthy babies, we find them comparatively free from angulations, etc., but by subsequent examinations, made a few months later, after the child has begun to walk, we note the effects of gravity and ptosis. These children and some of the other class, with minor anomalous conditions, when brought up under hygienic surroundings, proper diet, exercise, etc., suffer no ill effects from the slight deformities we always meet with, while those born with the more pronounced pathological conditions, begin to call for medical aid long before they leave the cradle, and would have continued to do so, for the remainder of their days, had not Mr. Lane taken up the careful study of these cases.

Certain points within the digestive tract, we have found more commonly affected than others by these mechanical factors, which are the result of ptosis and adventitious

formations. Beginning with the stomach, we sometimes find a band attached to the lesser curvature, near the pyloris, and extending to the under surface of the liver. This band may extend along the transverse fissure of the liver and involve the cystic duct and gall bladder. Again, it may extend down over the pyloris and become attached to the transverse colon. The stomach is held in a fixed, high position, and its normal function is interfered with, resulting in lowered resistance, inflammatory changes in the mucous membrane, formation of ulcer and carcinoma.

One of the most common points of mechanical obstruction is at the apex of the "conus duodenalis," or junction of the first and second portions of the duodenum. This condition is probably the most common cause of gastric delay. In cases where the greater curvature is ptosed as much as five or six inches below its natural position, with the patient erect, we can see the stomach forcing bismuth up through the pyloris and into the first portion of the duodenum with no difficulty, until it reaches this point. As a result of this obstruction, the stomach will be hours in emptying itself. Place this same patient in a horizontal position, or in a position that will relieve the tension on this point, and the stomach will empty itself in a normal length of time. You can readily see how often such cases, with prolonged gastric delay, have been diagnosed as "pyloric stenosis." Of course, we do find organic changes here and in the pyloris, due to the formation of scar tissue, neoplasm, etc., but by careful examination with the fluoroscope and radiograph, it is possible to differentiate between a beginning cancer, ulcer with the formation of scar tissue, and simple mechanical obstruction. In cases of carcinoma involving the cardiac end of the stomach, I frequently find the bismuth pouring through the pyloric end much more rapidly than normal.

The flexure between the duodenum and jejunum is difficult to examine, owing to its position behind the stomach and transverse colon, but when mechanical or organic lesions exist, we find the duodenum deformed and dilated.

A bismuth meal passes through the jejunum and upper coils of the ileum very rapidly—five to twenty minutes—and seldom meets with any obstruction until it reaches the lower ileum, where it comes in contact with many opposing forces. As the lower coils of the ileum lie below the caecum, the effect of gravity retards the passage of the contents of the terminal ileum up through the ileo-caecal valve. Back pressure from an overloaded or distended colon, with or without a patulous ileo-caecal valve, will cause decided iliac stasis. Iliac delay is caused by numerous other factors, such as evolutionary bands, adhesions, retracted mesentery, kinks, an adherent appendix, etc. These different lesions can be differentiated by examining the patient in vertical as well as horizontal positions, at repeated intervals, with both fluoroscope and radiograph.

The appendix, for nearly a score of years has been blamed and held responsible for many phases of obscure intestinal disturbances. From the standpoint of physical

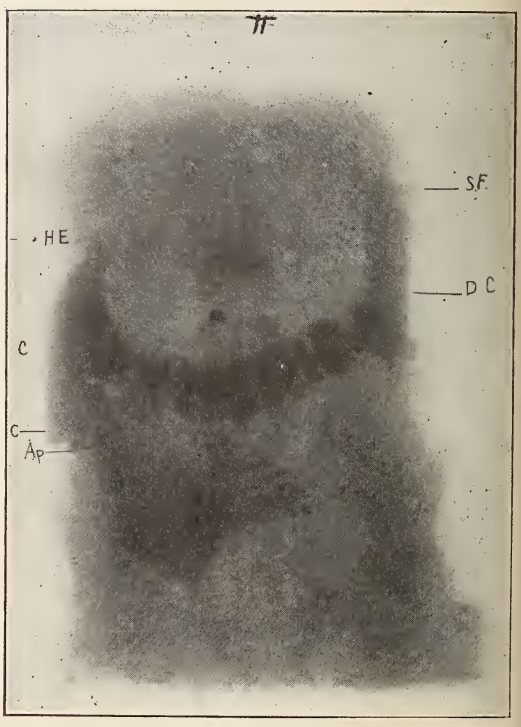


Fig. II. Head of bismuth column in descending colon; angulation of hepatic and splenic flexures; appendix adherent to dilated terminal ilium; and marked iliac stasis.

examination, little progress has been made, but by means of the X-ray, we can, in ninety per cent. of the cases, study the condition of the appendix and determine its relative responsibility for symptoms. A study of the remaining ten per cent. of cases, has been rendered impossible by reason of the fact that they are retrocaecal, or the fact that the canal has become obliterated.

The X-ray enables us to determine whether the appendix is functionating or non-functionating; fixed or movable; as-

cending, descending or transverse; straight, kinked, curved, looped, or clubbed.

We have been able to determine that peristalsis is active in the colon at approximately four hour intervals, or when food or liquid are injected. This same fact applies to the normal functionating appendix.

A non-functionating appendix, or an appendix whose peristalsis has become partially impaired, is always pathological, owing to organic changes or to adhesions.

A fixed appendix, is one adherent to some of the adjacent viscera or to the abdominal wall. A movable appendix, is one whose position can be changed in any direction by manipulation.

The ascending type is usually adherent, and in this particular class, patients complain of discomfort caused by the dragging down of the caecum. The transverse and descending type, may or may not be adherent as the fluoroscope and manipulation will determine.

A straight, curved, or looped appendix may appear normal in the radiograph but when manipulated under the fluoroscope, may be found to be pathological. The kinked or clubbed appendix is usually pathological.

Several factors influence a thorough examination of the appendix, such as thick abdominal wall, rigidity, gaseous distension, etc.

Angulations or constrictions of the colon, as a result of contracted mesentery, may occur at any point, but the most common locations are: in the sigmoid at the pelvic brim; in the upper half of the ascending colon; at the junction of the descending colon and iliac sigmoid; in the descending colon just below the splenic flexure, and between the caecum and ascending colon.

A contracted mesentery of the ascending colon below the hepatic flexure, is the result of traction caused by the downward pull of an overloaded caecum and lower ascending colon. This constriction is still more pronounced when the hepatic-colic ligament allows the hepatic curve and transverse colon to sag forward and downward. These same factors apply to the upper part of the descending colon just below the splenic flexure.

A long pelvic sigmoid that arches upward, causes traction on the meso-colon at the junction of the pelvic and iliac sigmoids, with resulting contracted mesentery and the formation of mesenteric bands. Obstruction at this point causes stasis in the iliac sigmoid, descending colon, and in fact may affect the whole colon.

As a result of ptosis, formation of evolutionary bands, membranes, kinks, etc., we have, what Lane has termed "chronic intestinal stasis," which means, that the passage of the contents of the intestinal canal is delayed sufficiently long to result in the production, in the small intestine especially, of an excess of toxic material, and in the absorption into the circulation, of a greater quantity of poisonous products than the organs which convert and excrete them are able to deal with. In consequence, there exists in the circulation, materials which produce degenerative changes in every single tissue of the body and lower its resisting power to invasion by deleterious organisms.

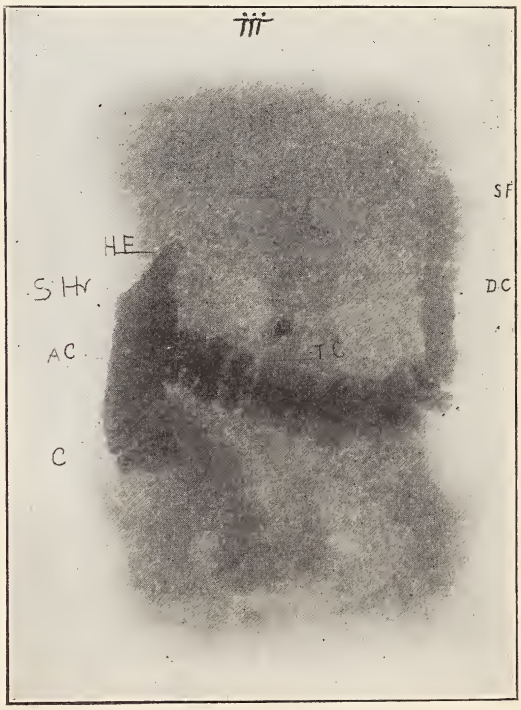


Fig. III. Plate taken two hours later than in Fig. 2; shows little change.

The chief symptoms and signs of autointoxication due to chronic intestinal stasis. Lane summarizes, as follows:

1. Loss of fat.
2. Wasting of volutary and involuntary muscles.
3. Degenerative changes in the skin.
4. Offensive perspiration.
5. Subnormal temperature—cold hands and feet.
6. Mental condition is one of apathy, stupidity or misery. Unbearable headache, melancholia, insomnia, neuralgic symptoms,

uncontrollable temper which frequently leads to crime.

7. The patient complains of so-called rheumatic aches and pains in the muscles and joints.

8. The thyroid gland wastes.

9. Blood pressure may be raised or lowered.

10. Degenerative changes in the breasts —followed by cancer.

11. Prolapse of kidneys and uterus because of wasting of muscle fibre and loss of fat.

12. Dyspnoea on exertion.

13. Degenerative changes in heart muscle.

14. Degenerative changes in the kidneys (Bright's disease) caused by the abnormal strain thrown upon them.

15. Hair of the head loses its color early in life and tends to fall out.

16. The pancreas becomes infected directly by extension from the stagnating contents of the duodenum. This results in chronic induration, inflammation, and finally, cancer of this organ. Pancreatic diabetes may also ensue.

17. In similar manner the ducts of the liver and gall-bladder are infected, and gall stones, cholecystitis, and cancer may be produced, besides many acute or chronic diseases of the liver.

18. Diseases of the eye which are degenerative in origin.

The most obvious indirect changes resulting from the lowered resisting power of the tissues to the invasion of organisms produced by autointoxication, are:

(a) Infection of the gums causing the condition commonly described as pyorrhoea alveolaris.

(b) Tuberculous infection, when not produced by direct inoculation.

(c) Rheumatoid arthritis. This, like tubercle, cannot develop except in the presence of defective drainage of the gastro-intestinal tract.

(d) Infection of the genito-urinary tract, either directly or indirectly, through the blood stream, by organisms other than tubercle;—producing nephritis, cystitis, pyelitis, endometritis, salpingitis, etc.

(e) Development of changes in the thyroid gland, whether as adenomatous tumors, general enlargement of the thyroid, or exophthalmic goitre.

(f) Still's disease.

(g) Infections of the skin, of a pustular nature.

(h) Infection of the large intestine by organisms which produce the several varieties of mucous and ulcerative colitis.

(i) Ulcerative endocarditis.

As Dr. Bainbridge has very aptly stated—"The trend of modern medicine is to consider so-called functional affections as way-stages to organic disease, and to trace the given conditions back, through the factors which initiated the functional derangement to the underlying cause or causes of the actual organic disease." Constipation, for example, is not regarded as a disease, but as an indication of an underlying pathological condition. We hear much more, to-day, of toxins, poisons produced by germs, than of the germs themselves; more of bacterins—substances introduced into the

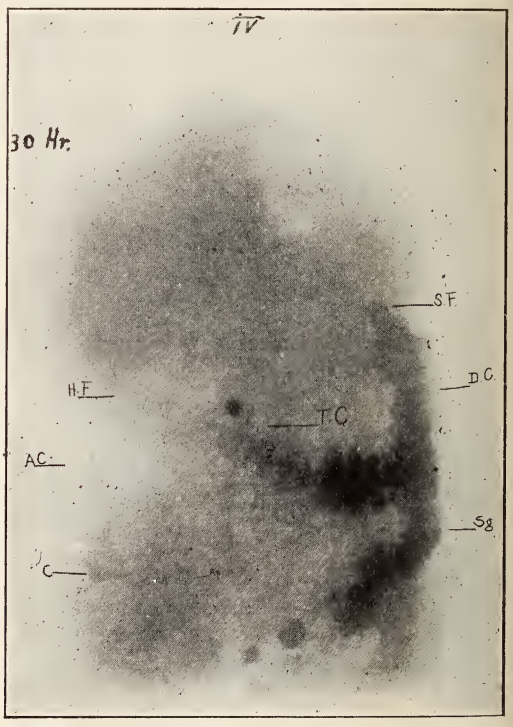


Fig. IV. Bismuth column reached the obstruction in the sigmoid where its complete passage was delayed for several days.

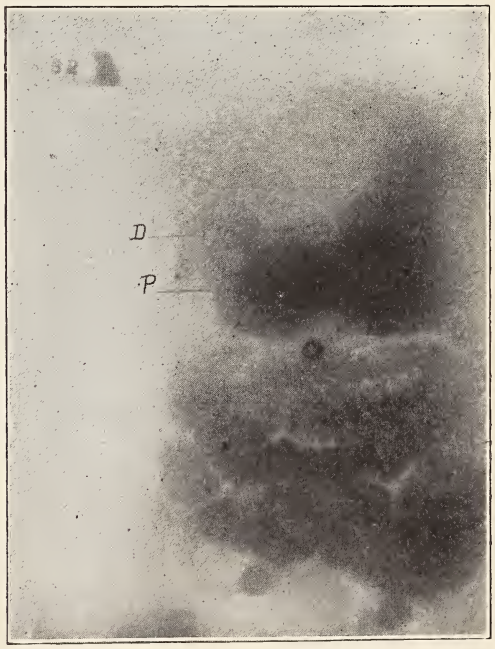
organism for the purpose of producing immunity—than of a mysterious, inherent capacity to resist disease. Indeed, in no department of medicine and surgery is this "back to the cause" movement more noticeable than is that which deals directly with the gastro-intestinal tract.

Members of the medical profession are almost daily called upon to diagnose and treat cases of so-called stomach trouble, which is only one of the many symptoms of auto-intoxication. In a very few instances, the cause of distress lies wholly within the

stomach but in the vast majority of cases the real seat of trouble is far more remote. The symptoms may be due to an abnormal condition, at a point within the intestinal tract; or if pathological lesions should be present, within the stomach, they may, in truth, be only the result of obstruction further down. For example, let me cite an ideal case—Obstruction at the junction of the pelvic and the iliac sigmoid, or any other point within the colon, will cause an accumulation of material; this may result in great delay in evacuation of the ileum, and considerable accumulation of material in the small bowel, which drags upon and obstructs the duodenal-jejunal junction. In consequence, the duodenum is elongated and dilated—later the pyloris becomes spasmodically contracted because of the constant necessity of preventing regurgitation of the duodenal contents into the stomach. As a result, the stomach becomes dilated by the accumulation of its contents. The delay of the contents of the small intestine and also of the duodenum and stomach, results in their infection by organisms, and in the development of chemical changes in the stagnating material. These changes, in addition to the mechanical effects already described, bring about an engorgement of the mucous membrane of the first part of the duodenum, which may end in ulceration and perforation; or a similar change in the mucous membrane about the pyloris and along the lesser curvature of the stomach, which may terminate in ulceration, perforation, or later in cancer.

All this proves how almost hopeless is the effort to arrive at a correct diagnosis, without the aid of the ray, in an exact localization of the real seat of trouble. The public, themselves, are beginning to demand just this investigation and daily the physicians and surgeons of the country, are realizing that to attempt the diagnosis of digestive disturbances without the aid of the X-ray is as impossible, as the concientious treatment of fractures without its assistance.

Having eventually arrived at the definite seat of trouble, the question naturally arises as to the advisability of surgical versus medical treatment. A large number of cases do call for surgical intervention, but I firmly believe, that in the majority of cases, it is unnecessary to subject the patient to the shock caused by extensive manipulation of the bowel, as indicated by the rather high mortality. By a careful regulation of diet and exercise, daily purging of the bowels, massage and support when necessary, many individuals suffering from minor pathological conditions, and whose condition is such as to preclude operation, may be made comparatively comfortable for the remainder of their days. In fact their lives may be prolonged. The all-important point upon which such a course of treatment depends, and may be adhered to, is the early recognition of the exact seat of trouble, and thorough understanding with the patient as to its nature. If a realization can be instilled into the mind, that while perhaps they will never be perfectly well, much can be done to relieve distressing symptoms, since the actual cause is known and can be treated, much good can be accomplished. Should symptoms ever become unbearable, surgical intervention can then be resorted to.



Fiv. V. Resultant gastric ulcer.

In this way, alone, can physicians ever hope to do away with the drifting of these old chronic cases from one physician to another, with no credit to anyone and no aid to the patient. There is little wonder that such individuals lose all faith in the medical profession.

In cases which are of such nature as to require operation, it is essential to recognize the fact that certain bands and membranes thrown out by nature as a means of support, are sometimes best left undisturbed, as they often assist that particular portion of the bowel in performing its function. The severance of these bands or membranes may lead to more severe kinks and angulations. On the other hand, points of greatest

ing to keep posted as to the position of the importance may be overlooked by the surgeon in an exploratory laparatomy, owing to the difficulties encountered in investigating the abdominal cavity. The determination of the presence of mesenteric bands at operation is at times very difficult, as they are usually found buried in the sulcus between the sacculations of the colon; also their common location on the outer side of the ascending and descending colon usually places them at the greatest distance from the incision: while minor angulations and kinks present under normal living conditions, may be entirely non-evident when the digestive tract has been completely cleansed and prepared for operation. I have had opportunity to check up, by means of the X-ray, a number of post-operative cases complaining of recurrence of symptoms, and have found in each instance, that the essential point, the primal cause, has been allowed to go uncorrected. Blindly, we proceed with our excisions of gastric ulcer; our gastroenterostomies to relieve pyloric stenosis,—blindly, we proceed in the same old way to operate on end results, leaving the actual cause undisturbed to continue its course of destruction.

We are living in an age of wonderful progress, and if we, as physicians, would march with the vanguard of the army of progress, we must cease our antiquated methods of treating "results" and apply all of our energies to a recognition and elimination of the real cause of pathological conditions.

A thoroughly comprehensive roentgenological examination, in conjunction with clinical and laboratory investigation, is the only accurate means of determining the seat of trouble, thereby enabling the physician or surgeon to proceed with such measures as will be of actual value to the patient, and a credit to himself and the profession at large.

The series of cuts given in this paper are selected from one typical case.

Qualities of a Surgeon.—Celsus, who lived during the reign of Augustus, described the qualities which should distinguish a surgeon as follows He should not be old, his head should be firm and steady, and he should be able to use his left hand equally with his right; his sight should be clear, and his mind calm and courageous, so that he need not hurry during an operation and cut less than required.

Authors who put off their thinking until they come to write are like a sportsman who goes forth at random and is not likely to bring very much home.—Schopenhauer.

FRACTURES.*

By HENRY B. COSTILL, M. D.,
Trenton, N. J.

In this day when medicine and surgery are so highly specialized there is no branch which requires such special training and ability, a greater knowledge of anatomy and practical mechanics as the proper treatment of fractures. It is really and truly an entire field by itself, and we can well understand why the ancients looked upon it as such and turned it over to their bone-setters.

The introduction of the X-ray, which has given us much and made it possible to diagnose more accurately and treat with more precision a fractured bone, has likewise added a greater responsibility in a demand for more perfect results, and had not asepsis come in to the field of surgery about the same time, giving us a greater ability to cope with the subject in an operative way, I do not know that the X-ray would have proven an unmixed blessing.

Scudder in the preface to the first edition of his Treatment of Fractures, has put this in a very nice way, when he says—"the application of the X-ray to the diagnosis of fracture of bones has already contributed much toward the accurate interpretation of physiological signs of fractures: this greater certainity in diagnosis has suggested more definite and simpler methods of treatment. Asepsis has opened to operative surgery a very profitable field in the treatment of fractures."

It is obvious that in a paper like this it will be impossible to treat all the fractures of the body, nor is it my attention to more than outline the subject, that a discussion may be opened up.

Fractures may be divided, as in the old nomenclature into simple and compound (or open and closed) comminuted, ununited, united in a vicious or deforming position, and impacted fractures. It is not necessary for me to define each one of the classes of fractures to a body such as this.

Diagnosis of fractures: The cardinal symptoms of pain, swelling, loss of function with crepitus and deformity is common to all fractures, and will in the majority of cases suffice for a diagnosis, yet it is better and wiser to supplement this by an X-ray picture. And it is always my custom to take other pictures during the course of the heal-

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*Read before the Mercer County Medical Society, Hightstown, N. J., June 2, 1914.

agments and a final one for self-protection ist before the patient is discharged. When is not possible to obtain an X-ray, and ere is the least doubt, the patient should e examined under an anesthetic either gen-ral or spinal, at which time the fracture an also be reduced.

Treatment of fractures: Treatment of ractures can be divided into two classes e open and the closed. Either applying all forms of fractures. The simple frac-ure treated in the closed method resolves self into the reduction of the fracture nder an anesthetic, and placing the limb some form of retaining apparatus and onfining it to this, watching carefully to ee that the fragments continue in position ntil sufficient time has elapsed for heal-ng to take place.

Compound fractures: When only a spic-ula of bone protrudes through a small open-ng in the skin, the surrounding parts are leansed far and wide, the protruding bone horoughly washed, and the surface painted with Iodine, 3% tincture, when reduction s made an antiseptic dressing is applied, n X-ray picture taken, the limb placed on a proper splint and the whole thing treated as a simple fracture. When there is more laceration and larger wound of soft parts, the treatment is much the same, only that the drain is added and kept in from 24 to 48 hours, until danger of sepsis is past.

Comminuted fractures: These should be treated as simple or closed fractures, at least tentatively, and given a chance.

Compound comminuted fractures: The open or compound comminuted fracture. The force necessary to produce this fracture is usually sufficient, (except perhaps in gun-shot fractures) to cause much damage to the tissues. Infection is much more apt to be present and the injured tissue less able to resist it. In the management of these cases the individual judgment of the surgeon will be required, and a man with the widest ex-perience will make the fewest mistakes. My opinion, based on my own cases and the observance of others, is that they do better if they are not operated upon, merely cleaned and drained and watched until the danger of infection has passed.

Ununited fracture: When after a reason-able length of time, from eight to twelve weeks, according to bone involved, age and condition of patient, a good position of bones having been obtained, there is still no union, the ends of the bones should be rubbed together, a tourniquet should be ap-plied lightly above the seat of the fracture, after the Bier method, to set up hyperaemia, the leg mobilized again and left for an-other four weeks, after which time no union having taken place some form of operation should be undertaken for its relief. This will be referred to again.

Impacted fractures: This fracture occurs near a joint and is always a result of trans-mitted force. In this fracture there is usually no deformity except shortening and no crepitus, and these facts alone make it a positive rule that in all injuries occurr-ing near or involving a joint, an X-ray picture should be taken.

The treatment of this fracture is com-paratively simple. Some forms of apparatus retaining the extremity in a natural and comfortable position, without any extension, is all that is necessary.

SPECIAL FRACTURES.

Fractures of the skull: In fractures of the skull the danger is not from the frac-ture "per se," but to the injury that may be caused to the skull contents—the brain, or its membrane or blood vessels. Any force that is of sufficient violence to cause frac-ture of the skull is more than likely to pro-duce some damage to the brain, varying from a slight concussion to a contusion, laceration, hemmorrhage and compression; so that the treatment of the fracture of the skull resolves itself into treatment of brain injuries.

When the force producing the injury has not been sufficient to cause an open or de-pressed fracture, but where fracture is sus-pected and symptoms of concussion are present, patient should be carefully watched, all points through which infection could gain access, such as the ears, nose and mouth, should be carefully and frequently cleansed and kept as near aseptic as possible. Shock should be combatted, all variations of temperature, pulse and respiration should be carefully watched and frequently noted, pupils and fundus examined and should any doubt arise as to cerebral hemor-rhage or increase of cerebral pressure, a lumbar puncture will give evidence of either, and mere drawing of the spinal fluid may be sufficient to relieve the cerebral pres-sure and clear up the symptoms.

In dealing with head injuries two things must always be borne clearly in mind, one that severe injury to the brain may lie be-neath an intact scalp and a skull that gives no evidence to sight or touch of fracture. The other is that the injury to the brain is not necessarily beneath the injury to the scalp or skull, but may be found on the

opposite side of the head, having been produced by transmitted force.

Depressed Fractures of the Skull: I believe it is good treatment to elevate all depressed fractures of the skull whether they are at the time giving evidence of brain pressure or not. This method not only avoids all possibility of future trouble from brain irritation, but affords us an opportunity to ascertain if there be hemorrhage either extra- or intra-dural. Should the dura be found intact and no evidence of hemorrhage beneath it, as would be shown by increased cerebral pressure, it should not be opened, but the operative measure should be confined to arresting any extra dural hemorrhage and elevating the depressed bone. Fracture of the vault with rupture of the dura should be fully explored, all loose bone removed, hemorrhage arrested and drainage provided until time for infection has passed.

Fracture of the Base. A force of sufficient intensity to produce a fracture at the base of the skull must of necessity cause severe injury to the brain and produce more or less cerebral hemorrhage. The injury is an exceedingly dangerous one and in the majority of cases bound to be fatal. Still, recent reports from operating surgeons both in this country and abroad would indicate that this is a favorable field for operation. That is in those cases in which the initial injury is not rapidly fatal, could the cerebral pressure from the hemorrhage be relieved, they would stand a better chance for recovery. A decompressive operation so placed as to drain the middle cerebral fossa has seemed to bear out this contention.

Fracture of the lower end of the radius, or Colle's fracture: Probably no one fracture of the human skeleton has been attended by more bad results than this one. The key to the solution of this is in a proper reduction of the fracture. An attempt to reduce this fracture should never be made until the subject is fully anesthetized and the effort should not be relinquished until the X-ray tells us that the parts are in perfect apposition, and when this is accomplished they will stay. As a support for this fracture I have not found anything better than the old Bond splint properly made.

Fracture of the Patella: Complete fracture of the patella where the parts are widely separated, simple transverse, or comminuted, or whatever the fracture may be, be it complete with the rupture of the lateral ligaments, the only proper method is an open reduction and fixation of the frag ments by some form of absorbable mater ial, either kangaroo tendon or chromosize gut, with the fixation of the limb in a plaste cast in which a window is cut sufficientl large to allow for inspection and dressin the wound. I believe we keep these case unnecessarily long in bed, although I do no believe they should be allowed to bend th leg under a month.

Fractures of the Femur: Fractures o the neck of the femur usually occur in eld erly people, should be treated in a positio of double incline for a period of not longe than two weeks, when it is best to get th patient out of bed and on crutches.

Fractures of the Upper third are als better treated in a double incline splint wit the Buck's extension apparatus from th upper end of the lower fragment carrie out in a line with the knee to the foot o the bed. I have never used pins for ex tensions in those cases, nor does it appea to me as good surgery.

A few words may be said on the treatmen of the fractures of the thigh in children

In children under the age of six with a fractured thigh, a horizontal position obtained by suspending the limb or limbs to a horizontal bar suspended above the bed a a sufficient heighth to allow the hips t just clear the bed, the weight of the bod acting as a counter-extension—this give excellent results; the anterior splint o Nathan Smith—so-called Smith's splint, i which the limb is suspended in a doubl incline position should also be mentione in speaking of treatment of fractures o the thigh.

Operative treatment of fractures: No department of medicine or surgery, not ever surgery of the upper abdomen, or displacements of the uterus has received more attention or been more written about of recent years than operative treatment of fractures and transplantation of bone In every journal on surgery that you pick up you will find from one to five articles and as many more references. Each writer describing the method or technique that he believes is the only correct one, and each advancing his own theory as to how that bone transplant becomes organized or reorganized.

Whether we adopt the view of the Germans expressed by Axhauser, who maintains that the bone in a graft always dies and is absorbed and is reformed from the periosteum which alone remains living in transplant, or whether we accept the view

f MacEwan of Glasgow, who says that the one in a graft is reproduced from the roliferation of osteoblasts, derived from he osteoblasts within the bone of the graft self, and its regeneration takes place independently of the periosteum, whose only unction is that of a limiting membrane, which prevents the spread of the osteoblasts into the surrounding tissues.

Or whether we subscribe to the view of ohn B. Murphy of Chicago, who says that he graft is not osteogenetic but simply steoconductive. Provided it be in contact t one or both extremities with other living bone, the graft acts simply as a scaffolding for the growth of the capillaries with heir osteogenetic cells as they advance rom the living, contacting extremities into he graft. The periosteum takes no part n the actual reproduction of new bone, is ather immaterial.

The lesson for us to learn from all this is hat there is no one method or technique, or any one material, nor as yet even a positive knowledge as to how nature does produce the results; the fact is that bone grafts o live, and that there is no one method hat will give uniformly good results in the ands of all operators. It is the personal quation in both patient and surgeon that s going to count. It is the man behind the nethod and not the method, that secures results.

Personally, I believe there has been too nuch operation and too little time and patience expended in developing the requisite mount of anatomical knowledge and tactile skill and dexterity for the proper reduction of fractures. And here and there find a surgeon who is sounding a note of varning, the pendulum is beginning its return swing. That there are cases of fracture requiring operative interference is perfectly true. The indications for such operative treatment are

1. Ununited fracture.
2. Fracture where complete reduction s impossible.
3. Where muscle intervenes between the ends of the fragments preventing proper reduction.
4. Comminution and rotation of fragments.
5. Injury to blood vessels.
6. Vicious union, the limb being in such a deforming position as to interfere with function.
7. Where it is impossible to keep a fractured bone in proper position.

Technique: In all the domain of surgery there is nothing that requires such an absolute aseptic technique as that of bone surgery from beginning to end.

In the preparation of the patient the part should be shaved far and wide of the operative field. The whole surface should be painted with two coats of the 3% tincture of iodine, the excess being washed off with alcohol, the entire limb surrounded with sterile towels leaving merely the immediate operative field bare. All instruments, needles and ligatures should be kept, when not in use, immersed in a 5% carbolic solution.

The hands of the surgeon, assistants and nurses should be carefully gloved in absolutely perfect, holeless gloves. Neither the hands of the surgeon, or assistants should be allowed to come in contact with the wound and all sponges should be handled with forceps, all manipulations of the bone, skin and muscles should be with instruments. The nurses should not be allowed to handle the ligatures except with forceps. There is no operation in which the necessity for trained assistants is so important for results as in this. In the use of instruments, as few as will possibly do the work should be used. The introduction of unnecessary instruments, such as heavy bone clamps, and turn-buckles for the purpose of making extension, causes so much trauma to the soft parts as to make their use more than questionable.

The fragments should be sufficiently free as to make extension possible. And extension should be made by assistants making traction in opposite direction.

Methods of retaining the bone in position: When at all possible I believe that the open reduction of the bone, without the introduction of any foreign material, either plates or bone grafts is decidedly preferable. Unfortunately this will not always suffice and some foreign substance must be used to retain the bones in apposition. Nearly all kinds of material both absorbable and unabsorbable such as bone trans-plants, bone-plates, wire, nails, steel-plates, rings, ivory plates and screws, and bone plates fastened with kangaroo tendon or chromosized gut, have each and all of them been used, and each probably has its field.

From a careful study of the recent literature, both experimental and actual operative work on the human subject, as well as by my own limited work, I have reached the conclusion that when it is at all possible, and particularly in the treatment of fracture of the long bones, such as the humerus.

femur, or tibia, the autogenous bone transplant is preferable. The method that I have been using has been that described by Dr. Murphy of Chicago, in which a section of bone is taken from the spine of the tibia and fitted into the medullary canal of the fractured bone.

One advantage of the bone graft is that a gap can be bridged and shortening avoided In other bones where the medullary canal is not of sufficient size to admit of dowling, the steel plate such as Lane's may be used. At other times where there is a split in short bones, wire nails will give the best results, but the underlying principle is to leave the very least possible unabsorbable material in the wound.

The wound should be closed, if possible, without draining. The whole limb, including the joint next below and above the seat of fracture, should be encased in a plaster paris dressing, and in cases of fracture of the thigh, I believe we should provide for moderate extension.

CONCLUSIONS.

1st. The introduction of the X-ray as a means of accurate diagnosis has created a demand for more perfect fracture results.

2nd. In the open treatment of fractures the open reduction, without the introduction of any foreign substance is decidedly advisable. When it is necessary to use some foreign body to retain the fragments in position, a bone graft taken either from the spine of the tibia, or rib of the same individual, is better than an unabsorbable material.

When it is necessary to use an unabsorbable material the Vanadium steel plates or the wire nails meets the indication as well as anything else.

3rd. That whatever material be used the most rigid asepsis is necessary for perfect results.

4th. That no fracture should be treated without at least an X-ray picture showing the final result.

5th. That no attempt should be made to reduce the fracture until the patient is thoroughly anesthetized.

The Chiropractors' Association of Pennsylvania has been refused a charter by the Supreme Court of the State. The refusal of the charter was based on the ground that the applicant has no legal status under the medical practice act. It is worth mentioning that so far as we know the chiropractics have no legal standing in any State and yet continue to practice medicine within the full meaning of the law, and is burdened with a number of these pseudo doctors.

Clinical Reports.

Divulsion of Arm and Scapula.

Dr. G. K. Dickinson, Jersey City, reported this case in the May 30th issue of the Medical Record:

On January 14, 1914, S. Z., 23 years old while oiling machinery had his right arm caught between a thirty-inch pulley and a thirty-inch rubber belt of a coal-conveyor, making forty-one revolutions a minute. The arm was completely divulged, with loss not only of the arm but of the scapula. The muscles were torn off close to the body and the skin evenly torn, but with rather a long cuff. The accident occurred at the bottom of a pit fifteen feet deep with perpendicular sides. The man was alone at the time. After the injury, with the aid of his remaining arm, he walked up the fifteen-foot ladder, down an incline for one hundred and sixty feet to the foreman and about five hundred more to the office, where he insisted upon sitting up. An ambulance was called and the patient removed to Christ Hospital, where it was found the blood vessels and nerves had been torn off and had receded, so there had been no hemorrhage whatever from the wound. The pulse in the other arm was slow and good. His blood pressure was 140. He expressed no pain. In the afternoon ha was etherized and the traumatic portion explored. Neither the arteries nor nerves were discoverable. One small postscapular blood vessel began to bleed and was ligated. The wound was swabbed out with tincture of iodine, the superabundant skin flap was excised, and the skin was sutured, around a rubber tube drain. Recovery was uneventful. The amputated arm was afterward found in a crooked position hanging over on a bar of the machinery.

Osteosarcoma of Humerus Following Fracture.

The following case was reported by Dr. A. R. Shands, at a meeting of the Medical Society of Washington, D. C.

C. W. B., aged 65; was a very robust man for his age; florid complexion, quite stout, and with an excellent personal history as far as illness was concerned, for he informed me with much self satisfaction that he had never had a docter's bill to pay for himself in his life. In October, 1912, while in an encounter with an unruly horse he sustained a simple fracture of the shaft of the humerus. This was treated in the usual way by a competent physician. The splint was left off at the usual time and nothing unusual noticed; there seemed to be good union.

In January, 1913, about three months after the accident, a uniform enlargement was noticed at the seat of the fracture; this was thought at the time to be an excess of callus. Nothing special was done as far as I could ascertain. About March 1st the patient refractured the humerus while turning over in bed. It was soon after this that he was referred to me by a local physician and I found the condition present that is well represented by the X-ray except for the swelling and infiltration of the soft structures, which was enormous. An interesting feature in connec-

on with the case is that the patient never omplained of pain.

I advised immediate amputation at the houlder joint; my advice was not accepted for bout a month. April 10, 1913, I amputated he limb at the shoulder joint. The operation as done after the so-called bloodless method, hich was made possible by the use of Wyeth's mputation pins. This method of constricting he circulation acted perfectly, for not a blood essel was clamped until the constriction was emoved. This enabled me to remove the limb ery rapidly—a few minutes only was conumed; as soon as this was done the anesthetic as discontinued, and by the time the wound as closed, the patient had practically recovred consciousness. The convalescence was enirely uneventful; the wound healed by perfect rimary union and he left the hospital in ten ays.

Up to the present time the patient shows no vidence of any similar trouble.

The microscopical examination by Dr. F. F. Russell showed the growth to be a giant cell steosarcoma.

Very Large Calculus Disease Cases.

Reported by Dr. M. Krotoszyner, of San Francisco, in the California State Journal:

Dr. Krotoszyner presented the specimen of a very large calculus which was removed by suprapubic cystotomy from a man of thirty-five years. Although a severe cystitis had existed for over fifteen years, primary closure of the bladder-incision was obtained and the patient left the hospital about two weeks after the operation with his suprapublic incision entirely healed and voiding clear urine at normal intervals. A cutting operation was considered preferable to litholapany in this case on account of the size and cystoscopic appearance of the concrement (oxalate). The attempt to obtain primary closure of the bladder incision in spite of the long-standing cystitis was justified by the fact that the kidneys were found to be functionally and anatomically sound prior to operation. He also presented the urinary organs of a man of eighty-two who had died from urosepsis about a year after suprapubic prostatectomy. The patient had been treated, at first, for a long time for an irregular septic fever which was considered to be of malarial character, until finally severe bladder symptoms necessitated the patient to be transferred to the writer's service in the hospital. At that time a prostatic hypertrophy of the third stage with ascending infection was diagnosed. After superapubic prostatectomy the patient improved for a while in health and strength but gradually began to suffer again from pyuria and septic temperatures. The autopsy showed advanced bilateral pyonephrosis, dilated ureters and a markedly trabecular and diverticulated bladder. The case proves the justification of an early removal of the prostate in prostatic hypertrophy with urinary retention before, through ascending infection, the kidneys have become hopelessly diseased. He also presented two tubercular kidneys, both removed from young women between twenty and thirty. He accentuated upon the fact that renal tuberculosis of women, in his experience, was as a rule not associated with that of the genital tract. He is of the opinion that at our present state of knowledge, early nephrectomy is the only rational method of treatment for renal tuberculosis, while the expectant or tuberculin-treatment must be considered unreliable and as a grave risk for the health of the patient's second kidney.

X-ray and Mesothorium in Intraocular Tumors.

Dr. Axenfeld, in the Klin. Mbl., April, 1914, reports good results from this therapy in several cases. The following case is given in the Lancet-Clinic:

A child, eight months old, had the right blind eye removed for glioma, which was diagnosed with the ophthalmoscope and the microscope. The ophthalmoscope showed in the left eye a rapidly growing peripheral tumor, to which two isolated foci were soon added. This eye was exposed four times for thirty minutes to X-rays; distance 25 cm., filter 4 mm. aluminum, tube 9 Bennoist, the exposed surface being 20 g.c.m., and the surfacedosis 28X. After these treatments a metal capsule containing mesothorium was tied over the eye for twelve hours. No detrimental effect was noticed in appearance or function of the eye. The tumor—examined ophthalmoscopically under anesthesia—became smaller. Axenfeld, however, considers the possibility of changes in the lens, retina or other parts of the eye developing later on. He, nevertheless, feels justified in employing these rays on account of their probable influence on disseminated cells. He even encourages their use in desperate cases of this type. This advice seems rational considering the fate of these poor children, who face blindness or death even where both eyes have to be removed, or where the parents become so disheartened that they prefer their child to die rather than to allow an enucleation. And although we do not know whether the growing brain of an infant is equally resistant to these rays as that of an adult, Axenfeld's stand appears correct considering the fact that one-fifth of all glioma cases are double (Wintersteiner). Axenfeld recommends the rays also for metastatic melanosarcoma of the uvea, which, according to Lange, seems more apt to develop metastases after enucleation.

Acute Blindness in Cerebral Abscess.

Dr. H. E. Pagenstecher, from the clinic of Prof. E. Hertel, University of Strassburg, reports the clinical histories and autopsies of 2 cases, of abscess of the occipital lobe, in the first unilateral, in the 2nd bilateral. The first and only important symptoms in both cases was total, or almost total, acute blindness, with normal fundus and preserved pupillary reaction. The cause of the abscesses in both were metastases from the lungs, i. e. purulent bronchitis or bronchiectatic cavernae. After having existed for some time they suddenly caused blindness. A few days after the occurrence of blindness death followed under violent symptoms, in the 2nd case in consequence of breaking into the ventricle. The symmetrical abscesses of both visual centers in the second case produced the acute amaurosis partly by direct destruction of the centers, partly by interruption of the visual paths within the corona radiata. The explanation of amaurosis in the first case of abscess in the right occipital

lobe was not so easy, as one would have expected hemianopsia instead of an almost total amaurosis. P. thinks that through the localization of the abscess near the ventricle an internal pyocephalus caused the transient, almost total, amaurosis by compression of the optic nerves at the floor of the 3d ventricle. The amaurosis, observed on the first day, disappeared on the 2nd day and vision improved on the 3d when the patient died. Also in the 2nd case a transient visual sensation returned for a few hours before death.

Albuminuria During and After Labor.

Reported by Dr. J. W. Newman in New Orleans Med. and Surg. Journal, May, 1914.

This patient (1) Para, 28 years of age, was examined by me six weeks ago. I found eight per cent. albumin. Rest and strict diet reduced this amount to one per cent. Unfortunately, the patient left the city without my consent and did not return until yesterday morning, already in labor for several hours. The examination of the urine showed eleven per cent. albumin. She was immediately given five grains of calomel. The delivery occurred within two hours after admission to the hospital; was normal in every respect. Examination of the urine two hours after the delivery, showed thirteen per cent. albumin. She was given intra-venously 20 cc.'s of blood serum, obtained from a patient delivered the night before. The urine eight hours after delivery showed seventeen per cent. albumin. Another 20 cc.'s of the same serum was injected.

Urine 14 hours after delivery showed, 12%; 20 hours after, 10%; 24 hours after, 8%; 30 hours after, 4%; 36 hours after, 2%.

This, to me, shows that the serum injection was of great benefit and that the diminishing of albumin in the urine was not due to emptying of the uterus, as the amount of albumin continued to rise for eight hours after delivery.

Syphilis Diagnosed as Diphtheria.

Dr. E. L. Glaze, Athens, Ala., reports this case in the A. M. A., March 28th.

Dr. Glaze says this case of sore-throat was seen when diphtheria cases were in the community and giving rise to a white membrane in the throat, diagnosed as diphtheria. Antidiphtheritic treatment was employed and the eruption that followed was attributed to the antitoxin; the result was a specially malignant case of syphilis. The case is reported on account of the mistake in diagnosis and in not promptly revealing the true nature of the disease in time.

Appendicitis—Pin Worms.

Dr. Magnus A. Tate: Patient, 7-year-old boy, acute appendicitis. Operated at Bethesda Hospital. A present specimen, the interesting feature being that the appendix contained many pin worms. This is the first time in my appendectomies that I ever encountered such a case.

Dr. J. Hadley Caldwell: This is the second case of the kind that I have seen. I had a case similar to this about one year ago, that of a child 11 years of age. Following the diagnosis of appendicitis, I operated, removing the appendix, which was found to be full of pin worms, a condition I had never seen before.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular June meeting of the Atlanti County Medical Society was held at the Hote Chalfonte, Atlantic City, Friday evening, th 12th, and was called to order, Dr. Conaway i the chair, at 8.30 o'clock.

A resolution was adopted wherein the So ciety expressed profound regrets because o the death of one of the oldest and most es teemed members, Dr. Edward A. Reiley, o Atlantic City.

After the usual routine of business and reports of committees the following program was presented:

(1) Report of a case of Cretinism, Dr. W. J. Carrington, Atlantic City. This paper was discussed by Dr. W. L. Bullock,

(2) Paper, "Criminal and Justifiable Abortion," Dr. William R. Nicholson, Philadelphia, Pa.

Dr. Nicholson defined clearly the line between criminal and justifiable abortions, treating the former from the standpoint of the professional abortionist and self induced abortions, and the latter in relation to the so-called "Therapeutic Abortions."

"Therapeutic Abortion," Dr. Nicholson said, "is justifiable only in a very few rare instances and should always be done with hesitation. Abortion is, without question, homicide and only where there is danger of losing the life or health of the mother or where a continuation of the pregnancy is sure to result in pathological conditions which can be prevented by emptying the uterus should abortion be produced; even then only after a consultation of two or more men of high standing in the profession."

"Under circumstances where the pathological condition in either the mother or the child is of such nature that the life of the child is already forfeited, then the duty of the physician is plain, that is; save the other life, the mother."

Those pathological conditions warranting interferance with pregnancy in Dr. Nicholson's opinion are:

Uncontrollable vomiting associated with emaciation after all medicinal measures have failed.

Tuberculosis,—some cases.

Chorea,—active, marked cases.

Mania,—complicating pregnancy or marked chronic mental disease.

Nephritis.

Cases showing contracted pelvis, tumors of the uterus or of the intra-abdominal walls, malformations, etc., etc., are by no means to have abortions when modern gynecological surgery can so well take care of them with but little risk of sacrificing either life.

In taking up the attitude of the physician towards abortion, Dr. Nicholson stated that in certain rare instances he approved of criminal abortion, giving for example a very young girl, pregnant, the victim of rape. In a circumstance of this kind he thinks there is such a thing as justifiable criminal abortion, the preservation of the good name of the innocent one being far more important than the foetal life.

Dr. Nicholson thinks that by no means hould all cases of abortion coming second-anded to the physician be reported to the olice. There is no penalty for silence al-hough refusal to testify, if called upon to do o, might render the physician liable for con-empt. He thinks the facts connected with hese cases, as a rule, acquired in a profes-ional capacity, should be held sacred, not or the purpose of shielding the patient so uch as because the community will not be enefited in any way by the affair being made ublic. If, however, a case is seriously ill it hould be reported to the proper authorities ecause the community may by such report e rendered a service due them and be bene-ited thereby.

Under the head of "The Duty of the Physi-ian to Himself," Dr. Nicholson urges consulta-ion in every serious case, the responsibility hus being shared and the possibility of wrong loing in the eyes of the public overcome. Sometimes women are only too ready to ac-use an innocent physician of wrong doing nd although it is hard to convict a physician who is really innocent, nevertheless he is al-ways hurt to a greater or lesser extent socially nd is most certainly hurt financially.

Two charges can be brought against him: 1st—The doer of the crime. This can usually be overcome because of lack of proof. 2nd—Accessory after the fact. On this point the courts have not decided.

"Our attitude towards the professional abor-tionist should be one of distance, avoiding as-sociation and refusing recognition. If we have an individual under suspician the matter should be sifted to the bottom and the sus-pected one prosecuted if possible. The ordin-ary thief and murderer we can sometimes look upon with a feeling of pity, knowing that there is a possibility of his having been mom-entarily crazed by greed for gain, the desire to avenge a wronged wife or to protect the honor of a home, but, the professional abor-tionist we should look upon with contempt because for a few paltry dollars he will take one human life after another."

Dr. Nicholson closed his paper with the sug-gestion that the education of the public is the only solution of this great problem. Not education at the time the abortion is sought, but education from childhood up; teaching the love of life and encouraging motherhood.

This paper was discussed by Drs. H. T. Harvey, Darnall, Senseman, Emery Marvel, Taggart and McGlinn.

Dr. Nicholson closed the discussion.

(3) Paper, "The Treatment of Urinary Dis-eases in Women." Illustrated by lantern slides, Dr. Henry Dawson Furniss, New York City.

In taking up the subject of urinary dis-orders in the female, Dr. Furniss dwelt first upon the necessity of a thorough examination of the urine in all cases coming under ob-servation. This examination should be both chemical and microscopical, the latter em-bodying especially the bacteriologic examina-tion with attention to the tubercle bacillus.

In reference to the clinical diagnosis of urinary disorders, Dr. Furniss laid stress on the importance of the X-ray in the diagnosis of kidney calculi. Under this head he em-phasized the advisability of the use of urethral catheters and the installation of a 25 per cent. to 40 per cent. solution of argyrol, or collargol. Dr. Furniss also advised cystoscopic examina-tion and recommend highly the Kelly endo-scope with the patient in the knee chest posi-tion.

A very interesting lantern slide demonstra-tion followed, showing stones in the pelvis of the kidney, in the ureters and in the bladder. Pictures of the normal kidney, a dilated pelvis of a kidney and foreign bodies in the bladder were also shown.

Dr. Furniss then covered the technique of examination of the kidney and the bladder.

This paper was dicussed by Dr. John A. Mc-Glinn of Philadelphia and by Drs. Senseman and Schmidt of Atlantic City.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The regular semi-annual meeting of the Cape May County Medical Society was held at the Hotel Bellevue, Cape May Court House, April 7, 1914, at 11 o'clock A. M., with the president, Dr. Clarence W. Way, in the chair. The following members were present: C. W. Way, H. H. Tomlin, Julius Way, J. M. Dix, J. S. Douglass, Margaret Mace, R. C. Scott, W. P. Haines, I. P. Buhrman and E. Way. Dr. James Hunter, State councilor for this district, was also present. Dr. Duncan Blake was granted a transfer card to unite with the Camden County Medical Society.

Dr. Dix called the attention of the Society to the fact that a so-called cancer doctor was doing a large business in the county. After discussion the case was referred to the Com-mittee on Public Health and Legislation.

The president then introduced Dr. Hunter. who gave an able, up-to-date and instructive address on Intestinal Diseases of Children, based on twelve years of personal experience in private and sanatorium practice. He was voted the thanks of the Society.

Dr. H. H. Tomlin extended an invitation to the Society to meet at his home in Wildwood in October. The invitation was accepted.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The last meeting for the season of the Essex County Pathological and Anatomical Society, held on May 14th, was an excellent conclusion of a very instructive and popular year. Dr. Dukes' case of Mercuric Chloride Poisoning (living 36 hours) elicited discussion by Dr. Dougherty, who had a case which lived eight days. Drs. Sprague and Horsford reported ex-periences also. Dr. Eagleton's case of throm-bosis of cavernous sinus suggests the question where the primary focus? Stye? Tonsilitis? Decayed tooth? Discussion followed by Drs. Wilson, Strasser, Corwin, Jacobson, Sherman and Martland. Dr. Beling's case of intra-dural hemorrhage prompted the view of Dr. Eagle-ton that such clots may be due to slight trauma; also that operation during the months of symptoms preceeding death might in many cases save life. Mr. Martland demonstrated in the mounting of this specimen the beauty of the method in the preservation of natural color. Dr. Haussling's case of Adeno-carci-noma of rectum with symptoms like those of

acute intestinal obstruction was discussed by Drs. Emory and Kraker. Dr. VanNess reported a case of tuberculosis of the heart (in acute miliary tuberculosis) which was said to be only the 74th case on record. Dr. Balsam's case of streptococcus endocarditis with infarct of the spleen was noteworthy in the clinical diagnosis (complete) having been made. Discussion was by Drs. Kraker and Martland, the latter stating that mural endocarditis was an infection by the streptococcus viridis. Such are frequent and often not recognized. Dr. Martland showed a specimen of epidural abscess and necrosis of skull; also reported a death from paresis following injection of serosalvarsan, the spinal method which at the City Hospital has been tried with some reasonable hope, though this is the second death ensuing. The cause suggested is Herxheimer's reaction.

The section on Surgery and Gynecology of the Academy of Medicine of Northern New Jersey held their final meeting on May 28th. Dr. C. C. Barrows of Cornell University read a paper on "Fibroids." Drs. E. J. Ill and E. Z. Hawkes led the discussion. The Section on Eye, Ear, Nose and Throat met May 25th, but, through a mistake in the date by the speaker expected, the paper on "Treatment of the Naso-pharynx," by Dr. Talbot R. Chambers, was not read. A number of clinical cases were reported and discussed by those present.

This reporter is asked for an account of the recent meeting of the State Surgical Society at Paterson. As that was not in our county we think it may be reported from Passaic County. We have also asked the secretary, Dr. Sommer of Trenton, to write for the Journal an article on the work of the Society.

The county expects to be present in full representative numbers at Spring Lake on June 29th.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Component Medical Society was held at Paul's Hotel, Woodbury, May 21, 1914, seventeen members and five visitors being present.

Dr. Lawrence F. Flick gave a very interesting and instructive lecture on Tuberculosis. He urged specially a more painstaking and thorough examination of all cases presenting themselves for treatment, so that many cases of tuberculosis may be recognized in incipient and easily curable stages. The discussion was so general that there was time for only routine business and the society adjourned for dinner.

There were present as guests Dr. Flick, Drs. Palm and Richardson, of Camden; Dr. Husted, of Woodstown and Dr. Charles Amory Dexter, Columbus, Ga.

MERCER COUNTY.

Edgar B. Funkhouser, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held in the council chamber at the City Hall, Trenton, on May 5, 1914, at 8:15 P. M., with a good attendance. A Symposium on Meningitis had been prepared constituted the scientific program for the evening. Papers were read by Dr. H. B. Costill on the Etiology and Symptomatology of Meningitis.

Dr. F. S. Hammond on the Pathology.

Dr. H. A. Cotton on the Diagnosis and Treatment.

The papers were discussed by Drs. G. A. Schoening, M. W. Reddan and G. H. Parker.

The June Meeting.

The June monthly meeting of the Society was held June 2d, 1914, at 3:30 P. M. in the parlor of the Administration Building of Peddie Institute at Hightstown, N. J. Dr. F. G. Scammell of Trenton occupied the chair and a large number of members was present.

Dr. H. B. Costill, of Trenton, read a very interesting and instructive paper on "Fractures." A discussion of unusual interest followed, in which the following members took part: Drs. G. H. Franklin of Hightstown, N. B. Oliphant, George N. J. Sommer, George H. Parker, Edgar L. West, Charles H. Holcombe of Trenton.

After the meeting all the members present were royally entertained at dinner as guests of the Hightstown physicians—Drs. George Titus, W. L. Wilbur, Charles M. and George H. Franklin.

By request, Dr. Costill has consented to have his paper published in the Journal.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular quarterly meeting was held at Dover, N. J., on Tuesday, June 9th, 1914. Luncheon was served at 2 P. M.

The meeting was called to order shortly after three o'clock and in the absence of the president and vice-president, Dr. E. Moore Fisher was elected chairman.

Drs. Edward Ackerman, of Dover and C. J. Massinger of Butler, were unanimously elected to membership and an application was received from Dr. E. D. Dean, of Morristown, which was referred to the Committe on Credentials.

The question as to whether the Society would admit Homeopathists as members was, after a brief discussion, put over for final decision until the Annual Meeting in September.

The discussion of the recommendation of the committee on the President's address was also left until the next meeting.

Dr. Smith Ely Jelliffe, of the Post Graduate Medical School and Hospital, of New York City, delivered an address on "Psycho-Analysis." The doctor gave the case history of a recent patient he had treated and described the processes used to gain a complete understanding of the outward or physical conditions which were due to psychical causes and stated that after reasonable explanations were made the patient's recovery took place which remained complete after the patient's outlook on life was so adjusted as to keep her properly interested. The determination of factors acting through the subconscious was helped by proper interpretation of dreams.

Most of the members present asked the doctor questions which were clearly answered. Dr. Jelliffe was tendered a unanimous vote of thanks for one of the most interesting and instructive addresses ever delivered before the Morris County Medical Society.

Dr. B. D. Evans, Medical Director of the

New Jersey State Hospital at Morris Plains invited the Society to hold the Annual Meeting in September at the State Hospital. This was accepted with the thanks of the Society.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The regular meeting of the Somerset County Medical Society was held at the Ten Eyck House, Somerville, June 11, at 3.30 P. M. Owing to the heat the attendance was slim, only eight being present. Those who failed to be there missed an excellent paper, full of useful hints. This was given by Dr. Charles Hendee Smith of New York, on "The Feeding of Infants," illustrated with a series of radiographs. This took up the subject of colics in infants, especially the colic due to air swallowing. Following this a discussion of feeding, with more emphasis on the caloric basis of artificial feeding. It was a most interesting paper and your reporter feels that other county societies would benefit if they could secure Dr. Smith to address them on the same subject.

SUSSEX COUNTY.

H. D. VanGaasbeek, M. D., Reporter.

The regular spring meeting of the Sussex County Medical Society was held at the Cochran House, Tuesday, May 26, 1914. Nine members were present. Dr. Cole, president, called the meeting to order, the usual business was transacted, when a recess was taken for lunch. The meeting was again called to order and Dr. Burnett of New York City read a paper on Diagnostic Work by the X-ray, illustrating it by the Electric Lantern and by clinical reports of cases. This paper or rather lecture was very practical, showing by slides thrown on the screen the use of stereoscopic X-ray work in diagnosis of diseases of bone and also of the internal organs and cavities. The doctors present showed intense interest in the subject by their questions in regard to this work. Dr. R. M. Curts of Paterson, councilor for this district, then addressed the Society in a general way, also discussing the above paper. It was resolved by the Society that at the fall meeting all the members and their wives should be invited to go on an automobile ride and that we hold the meeting at some hotel to be selected by special committee appointed for that purpose. It was thought that by this means we could get together a larger number of the members and have a more interesting meeting, as well as giving the members and their families a better chance to get acquainted.

Local Medical Societies.

Associated Physicians of Montclair and Vicinity.

Walter B. Mount, M. D., Secretary.

On Monday evening, May 25th, 1914, the Associated Physicians of Montclair and Vicinity held their annual meeting at the Montclair Club. After the reading of the annual reports the following officers were elected for the season of 1914-1915:

President, Dr. Levi W. Halsey of Montclair; vice-president, Dr. Irving A. Meeker of Upper Montclair; treasurer, Dr. William H. Areson of Upper Montclair; secretary, Dr. Walter B. Mount of Montclair; historian, Dr. Henry Wallace of Glen Ridge.

The scientific paper of the evening was by Dr. Joshua M. Van Cott, of Brooklyn, Professor of Pathology and Bacteriology, in the Long Island College Hospital. His subject was "The Practical Value of the Bacterins." Dr. Van Cott commenced his talk by emphasizing the practicability of bacterins as compared with certain other measures, blood counts, the Wassermann reaction, etc.

There are two types of immunity, continued the speaker, natural and acquired, and the acquired is either active or passive. Active immunity is either automatic or artificial, while the passive immunity is simply neutralization by an antitoxin with no action by the somatic cells. The mechanism of immunity involves three things: (1) phagocytosis, (2) the action of side chains, active or passive, and (3) the action of opsonins. There is a time limit of three days to the action of bacterins. There are four reactions in immunity: (1) the action of an antitoxin—a mere passive immunity; (2) diagnostic reactions like the Widal reaction; (3) cytolysis, the mechanism which will dissolve foreign cells, and (4) the presence of a complement in the blood necessary to the formation of cytolysins. The four men to whom we owe our knowledge of this theory are Koch, Metschnikoff, Ehrlich and Wright. Ehrlich's side chain theory involves the overproduction of side chains. The bacterins do excite the overproduction of side chains. Opsonins are side chains which attract the white cells to certain living organisms and increase the power of the white blood cells to devour the organisms.

Bacterins raise the resistance of the individual. The toxins of a disease can swamp the somatic cells so that they do not react. Hence early vaccination is important, and we must early see the indications for vaccination with bacterins, as in tonsillitis, where early vaccination is very helpful and quickly curative, whereas late vaccination only helps to form an abscess. Opsonins are negligible in the practical use of vaccines. The opsonic index shows first a negative phase when the phagocytic power of the white blood cells is depressed and they take up fewer organisms, and secondly, a positive phase 24 hours after vaccination. At the end of the third day the bacterin has done all it can do; then on the sixth day the opsonic index reaches not quite as low as originally. In inoculating with dead organisms or bacterins we do not get infection as we do from the use of live bacteria. There are four types of vaccine:—

I. A single strain of a certain species, as erysipelas vaccine.

II. Many strains of the same species.

III. Combined vaccines.

IV. Sensitized vaccines; these give no reactions.

Are stock vaccines or autogenous the better? The Germans believe that all vaccines should be autogenous, but Dr. Van Cott does not agree with them, for it is a question of species and variance. The organisms do not originate in the patient, and are only modified by being in the patient. A stock vaccine from a polyvalent species is often more useful than an

autogenous vaccine, especially as it can be used at the very start. Later an autogenous vaccine can be substituted. If properly used the bacterins could give 80 per cent. of successful outcomes. Dr. Van Cott said that the use of antiserum with a bacterin (as used in Mulford's serum) is very helpful. He mentioned some of the adjutants to successful vaccination, particularly the Murphy drip, which is very helpful in any case and especially important where the toxaemia is great, as it washes out the toxins and allows the vaccine to have effect.

Dr. Van Cott's method of administration is by deep muscular injections, which are less painful than subcutaneous, and are also more quickly absorbed because the capillaries are larger than in the skin. Of ill effects Dr. Van Cott had seen none when the vaccines are properly used. Never, for instance, should a patient be revaccinated until the fourth day or he will be swamped. Abscesses can be prevented by the use of alcohol for the syringe, needle and skin. The lysol and similar drugs used as preservatives of the bacterins may cause an erythema. No anaphylaxis occurs with the use of bacterins.

Dr. Van Cott detailed the conditions where bacterins have proved helpful. In boils the results have been uniformly better since the practice has been followed of sterilizing the collar and the coat collar with formalin to prevent reinfection. Formerly a fresh crop of boils would be very apt to appear in a week. Erysipelas has become a disease of three days duration when vaccines are used. The bacterins are especially useful in the broncho-pneumonias of children. In lobar pneumonia they rarely do any good. In malignant endocarditis there have been a few cases of improvement. All sorts of local infections have been benefited by the use of bacterins. In post-partem sepsis they are good if used early. In colitis with much flatulence, caused by the bacillus coli communis, they have been of help. In mastoiditis the bacterins are useful if the case has been operated on and will increase the discharge, but are useless if the case has not been operated on, for then the blood cannot get to the parts. In general, a localized infection will not be helped by bacterins if it is shut off from the circulation.

The subject was discussed by Dr. Synnott, Dr. Hanan, Dr. Foster, Dr. Hubbard and Dr. Chamberlain of Maplewood.

Bayonne Medical Society.

Martin I. Marshak, M. D., Reporter.

The Bayonne Medical Society held its annual meeting at Meister's Casino, on Monday, May 18th, at which the following officers were elected: President, Dr. C. J. Larkey; vice-president, Dr. W. W. Riha; secretary-treasurer, Dr. E. Klein; reporter, Dr. M. I. Marshak; board of trustees, Drs. G. H. Sexsmith, M. A. Swiney, F. M. Corwin, S. T. Woodruff and A. C. Forman.

After the meeting the society enjoyed a well-served shore dinner and cabaret. Dr. W. W. Brooke took advantage of the occasion to give the members of the socieey a champagne treat in honor of his coming wedding, when he will marry Miss Fletcher, the superintendent of the Bayonne Hospital.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, May 29th, 1914, at 8:30 P. M., Dr. F. Tweddell entertaining, and Dr. R. H. Hamill in the chair.

The following members were present: Doctors Baker, Campbell, English, Gorton, Hamill, Jaquith, Keeney, Lamson, Meigh, Moister, Pollard, Prout, Smalley, Wolfe, Krauss, Tweddell, Sutphen and Jones, and as guests of the Society, Doctors Douglas, Griswold, Becker, Lewis, Dean, E. B. Sutphen, Haven and Glazebrook, from Morristown, Doctors Green, Conover and Eaton from Elizabeth, Doctors Bramley and O'Reilly from Summit, Dr. Sutphen from Bernardsville, Dr. Morris from Springfield, Dr. Pierson from Roselle, and Dr. Prager from Chatham.

Dr. Hamill appointed a committee of three, to arrange for the annual dinner of the Society, in June.

The paper of the evening was read by Dr. Frank Meara of New York City, on "Rheumatism and Other Forms of Arthritis." He said that various organisms had been assigned as the cause of rheumatism. In the eyes of some pathologists, the submiliary nodule of Aschoff is said to be the necessary lesion of rheumatism.

An accurate classification of the various forms of arthritis is very difficult. Dr. Meara divides them into, first, rheumatic, and, second, non-rheumatic. The latter includes metabolic arthritis such as gout, and toxic arthritis such as rheumatoid arthritis and arthritis deformans. There are also a few other arthritides which are difficult of classification, such as Charcot joints.

I. **Rheumatism:** Among the complications of rheumatism, one occasionally sees a delirium caused by the patient's idiosyncracy for the salicylates. Other complications are entero-colitis, hemorrhage nephritis, or embolism (rare).

Organism. It is important to find the organism causing rheumatism, if possible. They should be looked for in the tonsils. Dr. Meara has been able to recover the organism from the blood culture, in acute rheumatism, in a dozen cases. The joint fluids have not yielded results. Subcutaneous nodules in rheumatism (which seem to be more common in England) are said to yield the organism (streptococcus viridans). If a vaccine can be made from such a recoverd organism it will be a great addition to our treatment.

Treatment. Dr. Meara believes in large doses of sodium salicylate. To a child he gives ten or fifteen grains every two hours, with an equal amount of alkali. An adult should be given from 120 to 150 grains a day. If it is not well borne, he uses aspirin. Sometimes it can be best given by the rectum, 60 grains at a dose, twice a day, in warm starch paste with laudanum. With these large doses we sometimes get a very slow pulse, and after its discontinuance, a temporary irregularity of the pulse often occurs.

II. **Toxic Arthritis:** Dr. Meara considers this also due to a pyogenic organism from some latent focus or its toxines. They are all expressions of the reaction of the joint structure

to an irritant and the search for the source of infection is often arduous and long.

Some of the sources of these toxines are as follows: Teeth (pyorrhea) is a very common source; tonsils; sinuses; ears; gall bladder and other appendages of the intestinal tract; the appendix; ovarian tubes, and hemorrhoidal fistula. Autoginous vaccines should be made from any organism recovered from these points. Blood cultures have proven unsatisfactory in these conditions. If no organism can be found, the complement fixation may be useful.

In children the joint involvement in rheumatism is less, the younger the child is. Endocarditis is the lesion of childhood, and the tonsil is the portal of entry.

The streptococcus viridans is the most common germ isolated in rheumatism conditions.

The paper was discussed by Doctors English, Dean, Tweddell, Baker, Keeney, Glazebrook, Haven, Prout and Krauss.

The meeting adjourned and refreshments were served.

We are obliged to defer reports of Attending Physicians to the Hudson County Tuberculosis Clinic and of the Morristown Medical Club till next month.—Editor.

Other Organizations.

American Gynecological Society.

At the thirty-ninth annual meeting of this Society, held at Boston, May 19-21, the following officers were elected:

President, Dr. T. J. Watkins, Chicago; vice-presidents, Drs. Frank F. Simpson, Pittsburgh, and Howard C. Taylor, New York City; secretary, Dr. Leroy Broun, New York City (re-elected), and treasurer, Dr. J. Wesley Bovee, Washington, D. C.

American Pediatric Society.

At its twenty-sixth annual meeting in Stockbridge, Mass., May 25-27, the following officers were elected:

President, Dr. George H. Acker, Washington, D. C.; vice-president, Dr. Henry L. Coit, Newark, N. J.; secretary, Dr. Samuel S. Adams, Washington, D. C. (re-elected); treasurer, Dr. Charles H. Dunn, Boston, Mass. (re-elected); delegate to the Association of American Physicians, Dr. Abraham Jacobi, New York. The next meeting will be held in Cape May, May 25-27, 1915.

National Association for the Study of Epilepsy.

At the annual meeting of this Association, held in Baltimore, May 25, under the presidency of Mr. William C. Graves, Chicago, about 200 physicians and laymen were present. The next annual meeting will be held in Skillman, N. J., at the New Jersey Home for Epileptics, as guests of the president of the board of managers and Dr. David F. Weeks, the superintendent. The following officers were elected: President, Dr. Albert S. Priddy, Lynchburg, Va.; vice-presidents, Drs. David F. Weeks, Skillman, N. J.; J. M. Murdoch, Polk, Pa., and Walter C. Van Nuys, Newcastle, Ind.; chairman of the executive committee, Dr. James F. Munson, Sonyea, N. Y.; and secretary-treasurer, Dr. Arthur L. Shaw, Sonyea, N. Y.

The International Surgical Association.

This great body of earnest workers has just finished a very profitable meeting—the first in America—but the results are rather disappointing to the non-surgical part of the profession. Very little was presented which was really new, but perhaps the greatest value of such meetings is the discussion which brings out the different view points of an old topic. We cannot expect a great discovery every year, but the intervening years need not be useless if we can take account of stock and discard the worn out or useless. No doubt every member is now a better surgeon for the personal contact with workers from other lands. The technical discussions on ulcers of the stomach and duodenum, amputations and plastic surgery have placed those subjects on a much more solid basis. A really important announcement was made by Bevan of Chicago, to the effect that his colleague, E. C. Rosenau, had succeeded in modifying streptococci by varying the methods of cultivation, so that each of several strains thus produced acquired a different morphology and a specific effect. When introduced intravenously one invariably caused gastric ulcer, another endocarditis and another lesions of the joints. A report from Paris says that Madame Victor Henri, a bacteriologist, has modified anthrax bacilli by ultra-violet light, so that it produces a disease wholly different from anthrax—probably more different than vaccinia is from variola. Here are several new fields opened up at once. We have long known that pathologic bacteria are merely varieties of ancestral forms which had no pathogenic powers, and also known that we could reduce or destroy their virulence, but now the hope is entertained that we can so change them that prophylaxis and vaccine therapy will become practical in every infection. The suggestion that gastric ulcer is always an infection does not disprove Lane's contention that a mechanical cause is necessary to place the tissues in a condition where they lose resistance to the invasion. Altogether, the meeting was memorable and America is proud that one of her leaders, W. W. Keen, was honored with the presidency.—American Medicine.

International Congress of Neurology, Psychiatry and Psychology.

The increasing amount of research work relative to the nervous system has warranted the Swiss Society of Neurology in calling a Congress of Neurology, Psychiatry and Psychology to be held at Berne, September 7-12, 1914. An organization committee and various international committees have been appointed. Manuscripts, which may be in English, French, German or Italian, should be sent to the secretary, Dr. L. Schnyder, 31 rue Monbijou, Berne, before July 15. Registration and subscription for members is $5.

Late matter requiring insertion compels us to omit account of Clinical College of Surgeons to be held in London, England, July 27-31.—Editor.

THE JOURNAL
OF THE
Medical Society of New Jersey

JULY, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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The editor asks that the readers of the Journal will kindly excuse him if any slight mistakes or omissions are found in this issue of the Journal. The pressure of work in preparation for, and attendance on the annual meeting, just as the Journal make-up was in process of completion will be, we trust, sufficient excuse. We wish to add that the columns of the Journal will ever be open for the correction of all errors or omissions that unintentionally occur.

OUR ANNUAL MEETING.

The annual meeting of our State Society, which closed its sessions at noon on July 1st, fully maintained the high standard of the past for valuable scientific papers and discussions, for careful and wise transactions of business and of social enjoyment. The attendance was large; we regretted that some of our oldest and most faithful members were unable to be present, we noted especially the absence of two of the honored Fellows of the Society—who sent their regrets—and who have seldom missed the annual meeting of the Society—Drs. John W. Ward and H. Genet Taylor.

The Orations in Surgery and Medicine, the former by Dr. J. B. Deaver of Philadelphia and the latter by Dr. L. F. Barker of Baltimore, were of a high order of excellence. We give Dr. Deaver's in this issue of the Journal; we expect to give Dr. Barker's next month. We also give the president's able address this month. The third vice-president's will appear in the August Journal and the various scientific papers will appear as rapidly as circumstances—editing, prompt correcting and return of proof, etc.—permit, and, as far as we can arrange, in the order of their delivery. The prize essays contest was an interesting one. Seven essays were presented, all of which the committee reported as excellent. The two essays awarded prizes of $100 and $50, respectively—Dr. T. N. Gray's and Dr. D. E. English's, and the one given honorable mention—Dr. G. E. Day's, will be published in the September Journal. The editor of the Journal, as chairman of the Prize Essay Committee, desires to express his deep regret that several newspapers have announced that he received the second prize of $50. It would have been gross impropriety for him to have entered into the contest when he was chairman of the committee and one of the judges as to the merits of the respective essays. It seems to require this personal correction of the newspapers' report, by the statement that the winner of the second prize was Dr. David *E.* English of Summit, and that the names of the authors were not known until after the decision was made and that decision was announced to the Society.

The annual banquet on Tuesday evening was one of exceptional excellence, the postprandial speeches by Governor Fielder of our State, Rev. Dr. Tompkins, Dr. De Schweinitz and Mr. Cattell, all of Philadelphia, were certainly equal to any of the past, for which our president, Dr. Hollingshead, who made the selection, is deserving of hearty congratulation, as he is also for maintaining the dignity and the reputation of his predecessors for wise and impartial conduct of the duties of the presidential office.

That Spring Lake is regarded as one of the, if not *the* ideal place for our annual meeting is evidenced by the fact that the Society resolved to go there again next year for the fourth consecutive annual meeting there. Doubtless the managers of the New Monmouth Hotel in their courteous and generous treatment of our Society and its members and the untiring efforts of Dr. Schauffler, chairman of the Committee of Arrangements, to make the meeting enjoyable had much to do with the choice of place.

It was eminently wise that the Society resolved to plan ahead for the celebration of the 150th anniversary of our Society in

1916, and appointed a committee consisting of Drs. D. C. English, E. J. Marsh, E. Guion, A. Marcy, Jr., and B. V. D. Hedges, with the acting president and recording secretary as ex-officio members, to make arrangements for the celebration and they were requested to make a preliminary report at the next annual meeting.

A. M. A. ANNUAL MEETING.

We are unable to speak in fitting terms at this time of the great annual meeting of the A. M. A. at Atlantic City, June 22-26. It certainly surpassed any that it has been the editor's pleasure and privilege to attend. The opening meeting in the Apollo Theater, which was crowded to its utmost capacity, was held Tuesday morning, June 23, and it was one that can never be forgotten by any thoughtful physician who attended it. We note at present only a few of its deeply interesting and impressive exercises, beginning with an appropriate invocation by Rev. Dr. Mellen and an able address of welcome by Mayor Riddle in which he gave credit to the doctors for making Atlantic City "the greatest seaside resort in America."

The address of welcome by our president, Dr. Hollingshead, was most excellent, as was that of Attorney General Wescott, who represented Governor Fielder and who paid one of the most beautiful tributes to the medical profession we have ever heard, closing with an earnest appeal to the profession to organize and unite in an earnest warfare against the proprietary medicine evil, which he characterized, in unsparing terms, as a gigantic evil. The report of the special committee on the work of Surgeon-General William C. Gorgas and on some fitting recognition of his great work, was a comprehensive and beautiful tribute and closed with the delivery to the president of a handsome gold medal, which President Witherspoon in brief and appropriate remarks presented to Dr. Gorgas. The latter's remarks on receiving it were characteristic of the great man he is, full of modesty, giving to the 300 associated with him in his great work a share of the credit for what that work had accomplished. President Witherspoon, after a brief address as retiring president, introduced the president-elect, Dr. Victor C. Vaughan, of Ann Arbor, Mich. That his inaugural address was one of the most comprehensive, scholarly and forceful addresses the A. M. A. members have ever listened to, was evidenced by the fact that he held the attention of that vast audience for an hour and twenty minutes during its delivery.

In our next issue we hope to give our readers further account of that meeting and of other sessions that followed it.

DR. WEEKS VINDICATED.

We congratulate Dr. David F. Weeks, superintendent of the State Epileptic Village, at Skillman, on the splendid vindication accorded him by the committee appointed by Governor Fielder, consisting of such able men as State Charities and Corrections Commissioner Joseph P. Byers, Francis Magee, representing the Attorney General's department, and Assistant Prosecutor William F. Vossler, of Somerset County, in which the institution is located.

We had no doubt whatever as to the outcome of the examination, because of our knowledge of the superintendent and of the Epileptic Village, which it has been our pleasure twice to visit and our privilege to study its thoroughly practical methods and excellent results and from the fact that the charges were made by an employee who had been discharged and who was said to have threatened reprisal unless reinstated.

We are especially pleased to note these words, which form a part of the committee's excellent report: "We feel it incumbent upon us to state that we believe every possible safeguard is thrown about the inmates of the Village to protect them from inattention, neglect and abuse. There is every indication that the officers of the institution are giving their best efforts to the discharge of their duties and that the institution is in a highly satisfactory condition."

HOSPITAL CAMPAIGNS.

The successes that have attended the many campaigns in New Jersey to raise funds for the enlargement and better equipment of hospitals have been remarkable during the past few years. The amounts sought to be raised have been large and in some instances the subscriptions have exceeded the amounts sought. There have also been efforts that have proved, or give promise of proving, successful, to establish new hospitals where they seem to be needed, and, in fact, the feeling is growing that every town of ten or twenty thousand inhabitants should have its hospital, rather than be compelled to send its suitable hospital patients to city hospitals located at a

distance, even though the capacity of the town hospital must needs be limited and its equipment is only partially complete. Some of the smaller towns have raised amounts to secure beds in the large city hospitals for any in their community who may need hospital care and treatment.

These facts show that the people are appreciating the great work these institutions are doing and that they are willing and anxious to extend their field of operation and increase their efficiency. But the most important things these facts show are that the people are realizing more than ever before the sacredness of human life, the need of caring for and preserving and prolonging it, that they are their brothers' keepers and that they are willing to co-operate with the medical profession in seeking these high and holy ends.

There has also been a tendency of late years to increase the number of private hospitals owned and controlled by one or more physicians. These in some cases have proved to be very successful, but they are apt to become, as the number of hospital cases increases, a great burden. We note that recently one of these hospitals—Overlook Hospital, at Summit—most beautifully located and under Dr. W. H. Lawrence's most able and efficient management and his and his assistants most skillful professional work, has been most successful, has been sold by him, at what we believe was a *very* reasonable price, to the Summit Hospital Association, which has conducted a campaign to raise the needed amount—$125,000—and having succeeded in raising $100,000 the conditional offer of $25,000 was secured to reach the required amount. We congratulate the Association and the citizens of Summit on securing such a hospital and on securing the continued services of Dr. Lawrence.

The tendency to increase the number of private hospitals would doubtless be checked if the occasional disagreement or conflict between the managers and the medical staff were entirely eliminated, as it certainly should be. In all matters affecting the efficiency and success of medical care and treatment, the judgment of the staff should prevail. It would be well if the president of the staff and possibly one or two able physicians—not necessarily members of the staff—were members of the managing board. The success of the hospital depends largely upon the ability, efficiency and success of the members of the staff in the treatment of patients and for the best results the competent physician and the capable nurse should be in perfect accord, the former's judgment dominating in all the essential details of treatment.

WHAT ARE *YOU* DOING FOR *YOUR* JOURNAL?

We take the following from *The Western Medical Review*. It applies with equal force to our own Journal.

"We plead for more frequent reporting of interesting or unusual cases or methods of treatment. Report them, if you will, to your county medical society, your State or district society, the national organization, to the official publication of your State or some national or international publication. The *Review* will always receive and publish them gladly. Whatever you do, do not keep valuable clinical information entirely to yourself. Report it somewhere."

We are very anxious to increase the space given to "Clinical Reports" in our Journal, believing as we do that it is one of the most important departments of our Journal work, and we prefer to give preference to cases reported by our New Jersey physicians and surgeons, both in private practice and hospital service. We have known of many remarkably interesting surgical cases where we have sought reports for insertion in our Journal and have been told, "I haven't time to prepare them," or been promised them "in a few days" or "very soon," and months have elapsed without reporting.

Gentlemen of the Profession: Take a little time to favor the Journal; to do honor to the profession in the State of New Jersey, but above all to help your brother-practitioner by reporting your unusually important cases and your successes in their treatment.

Dr. Shimer's malpractice case, as presented to the Society, showed the need of careful investigation and right and prompt action, for it will establish a precedent for future procedures in medical defense cases. Lawyers, hitherto, defended our members honorably, efficiently and on reasonable terms. We hope this case will not prove as great an exception as it appeared when reported to the Society.

The Official List of the Society's Officers and Members is sent with this month's Journal. It was compiled June 1st, which accounts for the fact that the Standing Committees, given on page XXX, are not

exactly as they were appointed or elected at the recent annual meeting. The correct list will be given in our August Journal.

Correspondence.

Camden, N. J., June 27th, 1914.

Dr. D. C. English,
Secretary, etc.

My dear Dr. English:

I sincerely regret that I will not be able to attend the session of the Medical Society of New Jersey on Monday and meet with the Board of Trustees.

My physical strength will not admit of enduring the excitement of the meeting. I am gradually gaining in health, but only by avoiding all undue exertion.

I hope next year I may be with you to take part in the reunion of our Society.

I would add that, since the year 1860, the year I was elected a member, I have attended nearly every meeting, with exception of four or five, including 1861 to 1864, when I was absent during the Civil War.

I expect to celebrate my 77th birthday on July 6th.

With kind remembrances to the Board of Trustees, believe me

Sincerely yours,
H. Genet Taylor.

(I regret that Dr. Taylor's letter was not received by me till after the annual meeting adjourned.

Doctors Sail.—The White Star liner Oceanic, which sailed from New York on June 13, carried 140 physicians, the first official delegation to the International Congress of Surgeons which will be held in London early this month.

The Simultaneous Publication of Papers With Other Journals.

A few words regarding the simultaneous publication of its papers with other journals. To this arrangement the Journal wishes in every way to be accommodating and yet maintains that when the selected Journal does not appear on the same date, the earlier date of publication should be graciously accorded to the New York State Journal of Medicine. Monthly publications as a rule appear on or about the first day of the month, and weekly publications on various dates during the week, your Journal on the 15th day of the month.* From this you can readily perceive the difficulty of producing a simultaneous publication. After its appearance in the Journal, the Journal will do everything in its power to facilitate the earliest possible publication in any other desired journal. This rule has been adopted, we hold on tenable grounds. It is possible, as it has been done, for representatives of other journals in attendance at the meetings of the Medical Society of the State of New York, to select the best papers and secure permission from their authors for their simultaneous publication with the State Journal. This results in considerable correspondence, sometimes ending in—oh, nothing more than a little dissatisfaction. This can be avoided by the authors of papers giving no promises, permitting the matter to rest with the Journal, with the assurance of its cheerful co-operation with any designated publication for as early a subsequent publication as possible. Authors who feel this a hardship should not ask for a place in a Section, but leave room for others interested in the success of their own Journal.—New York State Med. Jour.

*In the case of our New Jersey State Journal we try to have it in the mails by the fifth of the month.—Editor.

Read over our advertisements; it's worth while. They are paid for by those who expect some profit in return for this expenditure. They should be mutually helpful to the reader and to the advertiser. The fact that a product or an institution is advertised in Colorado Medicine should, other things being equal, appeal for your support. This is your Journal. The advertisers help support it. As they grow in number the journal will grow proportionately in size and value. Write to these people for more detailed information about the things they promote. Tell them that you saw their announcements in a journal the character of which places them above suspicion.—Colorado Medicine, April, 1914.

Do not forget that this applies with equal force to the Journal of the Medical Society of New Jersey.—Editor.

THE SAFEGUARDING OF HUMAN LIFE.

We give below the address of Dr. Abraham Jacobi at the hearing given by Governor Glynn, of New York, who vetoed the Christian Science and the Osteopathic bills which were passed by the Legislature:

"Amongst the main rights and privileges of citizens are security of life and the enjoyment of health. The health of the individual is secured by his own sufficiently taught and well directed efforts, advised by scientific and technical knowledge, and by the safeguards furnished by the intelligently guided democratic society. After protracted discussions, sometimes extending over years, never unguarded like that of this year, successive Legislatures have aided the medical profession in extending the two years curricula to three years as long as three decades ago, to four years a decade ago, to the addition of a hospital year a year ago, the increase of entrance requirements before the matriculation of students, and twenty years ago to the enforcement of a State examination before granting the license to practice on human beings. Even the specialist has to prove by his full four or five years' study and a thorough examination, that he is an all-around doctor before pretending to cobble like a watchmaker or a corset builder, an isolated wheel in the composite human organization. This safeguarding of the people was the result of the work of the physicians of the State, supported by the State as represented in successive Legislatures. In a late discussion, like many times before, it was claimed that the irregulars want only 'fair play.' So do I. But fair play, not for self-complacent half knowledge or the pert ignorance accumulated in an idle life, but fair play for ten millions of American citizens who are entitled to the restoration and preservation of their health; to the reduction of infant and adult mortality, and the lengthening of the duration of life.

"Such results have been obtained by the

initiative of doctors, either alone or in co-operation with authorities or private aid. That is how cholera was kept out of the country. Swinburne and Hoffman Islands were rebuilt; the watershed was cleaned and the water supply of New York was protected; the milk supply watched and purified; and infectious diseases, such as diphtheria, typhoid fever, smallpox and meningitis, whose very existence is denied by obtuse fanatics, was diminished or totally exterminated. All that and much more was accomplished by the collective work of physicians, of their societies, their laboratories, in ceaseless, unselfish work.

"Is the profession of medicine what is called 'a union'? Surely there is no money in it; less, indeed, now than ever. Whenver there is a combat on to reduce the number of diseases or epidemics which are reputed to yield an income to the practitioner, it is he whose initiative and fearless unselfishness fights the scourges at the risk of his life and of the poverty of his abandoned widow and orphans. If there be any business or calling which permits of dilettantism and levity it is not the practice of medicine or the dealing with human lives.

"The benefaction coming to the individual and the people from an enlightened profession, but through it only, can be secured only by a high degree of education and knowledge in the medical profession; in the public schools and the public; by the enforcement of strict and always new rules having in view the elevation and regulation of the practice of medicine.

SEX EDUCATION.

Attention has been widely called of late to the necessity of instructing our adolescent boys and girls in the matters relating to sex. A great change of public sentiment on this question has taken place in the past few years, and nearly every one now believes that these matters should be dealt with in the open, and that our children should not be left in ignorance about organs and functions that play so fundamental a part in the life history of each individual and in the drama of human society. The old habit of relegating to a dark, unwholesome, silent corner everything relating to sex has, happily, given way to a more sensible, safe and Christian practice of facing the dangers, dispelling ignorance and providing the child with the knowledge that will enable him, if he will, to lead a pure and normal life. But while all now agree that this instruction should be given, there are still differences of opinion as to who should give it. Some say parents, some, the Sunday school, or the church, some, the public school teacher. In view of these differences of opinion we fear many children are missing the instruction altogether, just because one class or institution lays the duty off onto another and so it is a task that is assumed by none.

Now, there is no general rule that will cover all cases. It is undoubtedly best of all when the parents can take this matter up with their children—the father with his boys, the mother with her daughters. This is the natural thing and who should be better fitted to do it than the parent if there exists that intimacy, that wisdom, and that love which should characterize the sacred relationship of parent and child. Ah, in that "if" the rub comes. Sad indeed it is, but too true, that this intimacy, wisdom and love often exists only in theory; and when this is the case the solemn obligations and duties belonging to parenthood have to be left undone, or be done by others. This is why it often becomes necessary for the church, through its Sunday school, or for the public school, through its teachers, to take up this matter.

It is a question that vitally affects citizenship. Therefore we contend that it is the duty of public schools, through the teachers, to find out by questioning the individual child, whether the subject has been properly presented to him by any qualified grown person, and if not, to see that he is informed of those things which all should know about; a matter so vitally affecting the well-being of society and the individual.—Education.

SEX EDUCATION IN NORMAL SCHOOLS.

Dr. Sarah E. Van Duyne, Newark, addressed a meeting held in that city February 24th under the auspices of the Committee on Education on "Social Hygiene in Normal Schools." In presenting it she suggested the normal school as the proper place to teach sex hygiene with a view to training students, who will eventually become teachers, in the way the subject should be taught. "The majority of parents cannot or will not safeguard their children with the necessary instruction in matters of sex," she said. "Whether they can be led and taught to do so is a question that ought to be seriously and earnestly discussed. * * * Where shall we look for educational help and enlightenment? It may be first in our normal schools and colleges."

The speaker declared that to people of large vision, sex education is believed to be a real panacea for the social evil.

"If the right teachers can be found and the ideal course laid out for normal schools one may hope that all these human problems may be invested with that reverence which great themes, rightly presented, obtain," she continued. "The normal school graduate may have influence in molding public opinion; and when the time comes—if it does—when the 'grades' are ready for such teaching, the normal school pupil so instructed will be far better fitted than any teacher now in service to present it. * * *

"The subject is a tremendous one. People who have given it years of study are not yet agreed on what should be taught and who should teach it. In the face of decided failure in several large cities how can any Board of Education take precipitate action in introducing it with no corps of teachers prepared to teach it and no accepted standard of what is to be taught?

"Even physicians are not necessarily teachers. Many of them have not the personal fitness to handle the subject ideally for classes of children. By all means let the women's clubs do all they can to inspire and help mothers."

Dr. Van Duyne advocates the opinion that the greatest work women's clubs and other organizations interested in social welfare work have to-day is to make parents realize that the wrong kind of sex instruction is being received all the time by their children.

Very few children, she said, are free from the contamination that comes through "moving pic-

ture shows, the patent medicine advertisement, evil stories and chance companions." She quoted from a report of the Fifteenth International Congress on Hygiene and Dimography in 1912 to show the difficulties of sex instruction and how it should be given.

Concluding, Dr. Van Duyne said:

"We cannot afford to be hysterical about remedies for the social evil. Commercialized vice is increasing and moral standards are low. Immoral dress and dances are accepted as a matter of course by thoughtless women, who thus jeopardize their own and other people's daughters and sons. Churches and Christian organizations do not reach the masses. A double standard of purity for men and women exists and most women are indifferent."

MEDICAL SOCIOLOGY IN THE PUBLIC SCHOOLS.

Dr. Mary S. Macy, at a meeting of the N. Y. Academy of Medicine, held December 18, 1913, read a paper on the above subject, in which she told what was being done for the physical welfare of the children that should be of interest to the medical profession. She stated that the public schools of New York City were of two kinds, the day elementary and high schools and the day and evening industrial schools maintained by the Children's Aid Society, with some co-operation from the Board of Education. In addition to these there were the parochial and other church schools. The Children's Aid Society also maintained the so-called Soup Schools, which provided lunches and other necessities for children whose parents were unable to care for them. The Board of Education also effected a great deal of social service bordering on philanthropy in the course of its routine work. Medical inspection in the public schools was under the Department of Health, Bureau of Child Hygiene. The corps of doctors and nurses attached to the bureau made regular and routine inspection of the children, or of many of them as possible, and had succeeded in excluding almost entirely contagious diseases. They had in this city no serious school epidemics in these days, and the Bureau of Child Hygiene deserved full credit for this relief. Many other points were included in medical inspection, defective teeth, palate, vision, hearing, nasal breathing, hypertriphied tonsils, etc. When required, recommendations for proper treatment were made to the parent or guardian. The best results were secured where there was co-operation between inspector, school authorities, and the home, but results were not always so satisfactory where one of the trio slipped in the co-operation. The remaining fields of medical sociology were under the direction of the Board of Education, if they excepted the twenty-two elementary schools in which lunches were served as an experimental effort to demonstrate their value and effect. The Board of Education was organizing to enter on another field of work, which it was to be hoped would take effective notice of the sick teacher. Dr. Macy said she had before spoken of the demoralizing effect on a whole school of a sick teacher. The children should be guarded from sick teachers without doing injustice to the teachers. It was time that the physicians took a hand in the teacher's salary campaign for the sake of their own patients, both the pupils and the teachers. The Board of Education now maintained special classes for the blind, the deaf, the crippled, the enemic, the tubercular, and those suffering from trachoma, all of which deserved the attention and co-operation of the medical profession. They all presented medical problems in which every physician should be interested. The routine of admitting children to these classes should be known to every physician in private hospital, or dispensary practice, so that he should be able to put the parents or guardians of such children in touch with the educational people. The co-operation of the physician would be heartily welcomed, as would also his suggestions for care, treatment, nourishment, hygiene, etc. The vocational training of boys and girls deserved medical inquiry and co-operation. When a child of twelve was more mature than his fellows of the same age, he should not be compelled to stick to his books for from two to four years more before he could begin to learn a trade, and then begin without the protection and supervision that the school should give. The child not fond of his books usually formed bad habits of laggardism and truancy, and was less fitted to prepare for his life work than though he had been properly trained in some vocation from the age of twelve. The doctors should find an answer to this problem. Educators would act if the doctors would make them see. Dr. Macy said she wished to speak of her own hobby, the classes for training nervous, mentally defective and backward children, the so-called "ungraded classes." There were no classes for epileptics, imbeciles, or idots, and none for the observation of nervous cases simulating amentia, neither were there any for mental defectives or morons, but all of these types of children were mixed together, and some had gotten the idea that every child in the ungraded classes was a moron or an imbecile. As a matter of fact the majority of these children were border-line cases, or high grade morons, and only time treatment and teaching would determine which was which. The time was coming when these children would be sorted out and differentiated, and the physician should enter this important field. Children applying for admission to the ungraded classes were examined, physically, not inspected, and recommendations were made that the child be taken to a specialist or a clinic, as circumstances warranted. When the children were once admitted to the ungraded classes they were followed up by social workers attached to the department to see that the needed treatments were obtained. Convalescent homes were found in the country for cases in which this measure seemed to be indicated, and upon the return of these cases to the city they were followed up to see that the right education treatment followed physical upbuilding. More clinics and more physicians should be interested in actively co-operating with this department. Few physicians in clinics or out of them realized all the resources at the command of the poor of this city, and if there were more co-operation between the physician and the ungraded classes of the public schools the physicians would learn many things and the children would profit immeasurably. In closing her address, Mr. Macy made a strong plea for the co-operation of all clinics, eye, ear, dental, skin, every clinic, with the work of caring for this class of children.—Medical Record.

Editorials from Medical Journals

Charges of Cruelty Against Doctors.

The atrocious charges of cruelty against Dr. Joshua A. Sweet of the University of Pennsylvania were accepted as true when they were made and given very caustic comment by some lay editors who should have had more sense. The trial which has now ended in a disagreement of the jury, brings to light the real facts. An hysterical woman member of the Society for Prevention of Cruelty to Animals was made the willing dupe of a treacherous employee, who allowed her to see and misinterpret some facts. She ought to have had sense enough to know that she could not rely on the word of a traitor, but in her abnormal nervous state she was easily deceived. She said it was cruel to give the dogs nothing but sawdust beds, but the testimony showed that was the best for them. The garbage fed to them turned out to be scraps from the table —the very best food for them. The neglect to bandage the wounds was because bandages are insanitary and harmful. The dog full of puncture wounds merely had mange, and the story of weight dropping to break their backs was a fabrication. When the woman was detected in perjury she escaped further exposure by fainting. Why will the public accept the word of these diseased minds? The judge charged the jury as follows:

"To indicate a view on the part of these physicians that these operations upon dogs were made for scientific purposes to obtain information for the alleviation of human suffering, I charge you that the law of Pennsylvania does not allow pain and suffering, torment or torture to be inflicted upon dogs for any purpose except for the relief of the suffering of the dog itself. * * * The law says that any person who is guilty of wanton and cruel torture of an animal shall be guilty of a crime. The law does not say they shall not be guilty if they do it for a scientific purpose. Scientific purpose does not exclude cruelty."

If that is the law in Pennsylvania, then with Mr. Bumble we must say, "The law's a Hass," for no farmer can legally castrate a calf or colt. We are afraid that something is wrong with the interpreter of the law, not the law itself. The attorney for the persecutors was not fighting vivisection but imaginary cruelty after it. He now says that he will prosecute the doctors for vivisection, but he will not move against the farmers who never give an anaesthetic. Perhaps there are enough intelligent Pennsylvanians to suppress these enemies of society who are misusing the law, and incidentally elect another judge when this one has served his time—a judge who will not hamper the saving of human life by decisions in favor of dogs.—American Medicine.

Our Responsibility.

From the Delaware Medical Journal.

When we come to realize it, the practice of medicine is a mighty serious business. It deals directly with human lives, it reaches the welfare and happiness of men and women. We need not go far for examples, they are too numerous to mention. An unrecognized suppurative appendicitis may mean death of a husband and breadwinner, plunging the family into the gloom of poverty. An unrecognized case of tuberculosis means a life lost. A badly treated fracture means a life of a cripple, and so on. Of course, it matters little what medication is employed in acute infections which are essentially self limited, although even here a skillful and conscientious physician may avert a fatal complication; it matters little what treatment is employed in the vast majority of chronic diseases which are essentially progressive and ultimately fatal. But in those cases when a correct diagnosis and proper treatment may result in a cure, neglect to institute such treatment means the sacrifice of human lives. We admit that any one who knowingly and wilfully takes the life of another is committing murder. Why, then, is it not murder to sacrifice a life by failure to employ the means which would have saved that life? If this reasoning is correct, and we fail to see any flaws in it, a physician who for purpose of gain mistreats a patient and causes his death is committing homicide. The offense is still greater if a physician attempts to perform a surgical operation without possessing the necessary skill and experience. If the patient dies,—he has committed murder. No sophistry or glittering generalities will gloss over the bare fact of the sacrifice of a human life through ignorance and stupidity. If the people only knew how often medical fakirs destroy life for the sake of money, they would rise in revolt against this form of "man's inhumanity to man." But they do not know. Their newspapers misinform them regarding these fakirs because of a pernicious advertising policy, while the doctors are reluctant to speak because of the feeling that they might be accused of jealousy and petty rivalry.

Advertising in the Medical Press.

From the Indiana State Medical Journal.

It is rather humiliating to some of us to know that the lay press is doing more than the medical press in cleaning up their advertising pages of medical fakes. All over the country there is a very lively campaign waged in the interest of decency in advertising, and, beginning with the magazines and later with the newspapers, the advertisements of doctors and patent medicines are being refused space on the ground that they are misrepresntations or frauds. Every doctor who subscribes for, writes for, or even receives a medical journal that carries fake or objectionable advertising is giving his support to a species of imposition and dishonesty which very justly entitles the public to look on us with suspicion when we point to the harm done by quack doctor and patent medicine advertising in the daily newspapers. There is an old saying that "those who live in glass houses should not throw stones," and it certainly holds true here, for we have no right to ask the lay press to clean up their advertising pages when many of our medical journals are just as bad as the newspapers. What we need is a general housecleaning. The Journal of the A. M. A. started the work years ago by excluding all objectionable advertising, and gradually all of the State journals are falling in line, there being twenty-two at the present time that have joined forces

in an effort to have clean advertising pages. A few of the independent journals are also cleaning up, but for the most part the independent journals are willing to accept in their advertising pages almost any advertisement that offers financial gain. This practice on the part of the venal independent medical journal managers can be suppressed if the rank and file of the medical profession will positively refuse to support in any way the journals that are not free from advertising that represents fraud.

Criticizes the Doctor—Fired.

From Critic and Guide.

We take the following item from the Western Druggist for January:

"The other day a customer handed a Detroit drug clerk a prescription containing heroin. 'Why,' said the drug clerk to the customer, glancing at the prescription, 'this is nothing but dope.' The frightened customer hastened to the doctor, who promptly telephoned the facts to the proprietor of the store, who, in turn, promptly 'fired' the clerk. Chapter two: The clerk immediately brought suit against the druggist for two weeks' additional pay, charging that he had been dismissed unfairly. The judge decided against the clerk, stating that 'a drug clerk has no business to frighten people who come in with prescriptions to be filled. It destroys the faith of the patient in the doctor, when the doctor is presumed to know what he is doing. Heroin is not "dope" when it is prescribed by a physician.'

I hate to see anybody fired, and I hate to see anybody without a job, but if ever a drug clerk did deserve to be fired this one certainly did. It is damnable impudence on the part of any drug clerk or druggist to make any such remark about a physician's prescription. All drugs are in certain respects poisons, and in a nice fix the physicians and the patients would be if whenever a prescription containing a potent remedy was brought in, the druggist would remark that that stuff was nothing but poison or dope.

A number of physicians complained to me about druggists making indiscreet or disparaging remarks about their prescriptions. I was skeptical about the matter, but I found out that in a number of instances it was true. This is certainly the most suicidal policy that a druggist can pursue. I have always had and always shall have a warm feeling for the pharmaceutical profession as a whole, and it pains me to see them follow the pernicious advice of misleading leaders in assuming an inimical, supercilious, hypercritical attitude towards physicians, whose friendship they should cultivate by all means.

Malpractice Suits.

From the Kansas Medical Society Journal.

There are two classes of physicians who are likely to be sued for malpractice; those who are financially able to pay a judgment and those who carry liability insurance, even though they may be execution proof. In only two or three of the cases defended by the Society has there been even an appearance of ground for the complaint. Nearly all of the cases have been brought by people in very poor circumstances, certainly unable to pay a lawyer's fee. The inference is that these cases are taken by the lawyers on a contingent fee. No lawyer will undertake to prosecute a case of this kind, on a contingent fee, against a man he knows to be execution proof. When a physician in these circumstances takes out liability insurance he becomes a favorable subject for attack, because the insurance company guarantees the payment of the judgment. One may readily conclude then, that having no property subject to execution, a member of the Kansas Medical Society is better protected against damage suits if he does not carry liability insurance. On the other hand, if he is not execution proof, the additional protection of a policy in some good liability insurance company is advisable. Even in these cases the moral effect of the backing given by the Society in the defense of these cases is worth many times its cost.

The Prevention of Suits for Malpractice.

From the Michigan State Medical Society Jour.

"It is almost impossible to get one lawyer to testify against another, while it is always easy to get one doctor to testify against another, and, furthermore, in nearly every malpractice case, the suggestion of a suit comes from one of your own profession."

This quotation taken from Mr. Barbour's article, appearing elsewhere in this issue, is a true and almost irrefutable indictment of the profession. We plead guilty to the charge. We admit the profession's culpability. What are we—you—going to do about it?

There is but one and only one remedy—keep quiet; refuse to express an opinion when asked to pass judgment on the work, skill or acts of another member of the profession; refuse to be inveigled by an attorney to appear as a witness against another physician; and finally, utilize every opportunity that presents to discourage the bringing of a suit.

One of the essential objects of the plan of legal defense by the State Society was to unite into closer relationship the profession of the State and therby cement the membership into one united organization. By so doing it is hoped that any one member will not instigate, inspire or cause, by any word or act on his part, the commencement of a suit for malpractice against a fellow member, unless possibly it might be in an exceptional and extreme case. This object may be attained if the members will but adhere to the remedy suggested in the preceding paragraph, and in addition to this, suits for malpractice will be without convicting evidence if we observe the other precautions recommended by Mr. Barbour.

If the majority of malpractice suits are in most instances blackmail; if the majority of suits will never go beyond the "threat stage" when the plaintiff's attorney finds that it will be difficult to secure expert testimony, and on the other hand finds that the defendant is supported by an impeachable array of expert witnesses; if all this may be accomplished by simple refusal on our part to pass judgment on any case or act of another physician, it then behooves us to so conduct ourselves in the future that these ends may be attainable and the profession thus be relieved from the attacks of shyster lawyers and malingering patients.

Success in the Practice of Medicine.

From the British Medical Journal.

Sir John Collie states that in these days wealth not knowledge, ostentatious display not ability, is worshipped by the majority of mankind. It has been said that physicians are judged by the creases in their trousers, not by the creases in their brain. Wealth determines status. To make money is therefore a necessity. The physician should remember that the cards must always be shuffled, and if patients leave him, from a business point of view it does not really matter if his total income for the year is as large or larger than the year before. His object should be not to have the largest but the best practice. If the physician attends patients gratuitously he should take as his reward the pleasure he is entitled to if he is seeing them without any hope of benefit; but he should remember that this is charity, not business. Successful men never neglect the treatment of a patient's personality. It is always difficult to listen to the recital of an irrelevant family history and of details which are obviously unimportant. The details may be trivial but it is a fundamental truth that the physician cannot succeed in treatment unless he has the confidence of his patient, and this he certainly will not have if he does not listen to the recital of the patient's woes. The torrent may often be stopped by a well-directed remark which shows that the physician has divined the whole history.

Success may take the form of financial gain, social aggrandizement, or self-satisfaction. Apart from the proper provision for one's old age and for one's depedents, financial success is not desirable in the medical profession, for it cannot be attained (except by the few) without making sacrifices which are inimical to the growth of those qualities which ennoble one's work. Social success is Dead Sea fruit. The success which brings true self-satisfaction is the Mecca to which the practitioner should be guided, for unlike the above ephemeral successes, but like the heaven and hell of the new theology, she is with him now; if he would woo her successfully she is his abiding portion. To be successful the practitioner should know how to depute work to others—work of which they are capable but which if performed by the practitioner himself would interfere with the proper development of his career. The hard-worked general practitioner who does his own dispensing or his own book-keeping has much to learn, but he is probably one who never will.

An important detail in medical economics is the precaution that in arranging for partnership or assistant agreements the physician should commit the bargain to paper at the earliest possible date, and this should always be done before the new arrangement is entered upon. In matters of agreement most people mean to act fairly by one another, but no one has a memory which is perfect, and verbal contracts are apt to be remembered only in part.

The road to success is well described in the following pointed paragraph from Claye Shaw: "Whatever way success is achieved, there are four mental necessities, namely, a clear view of the end, a judicious indifference to the sentiments aroused by the sweeping away of obstacles, and indomitable energy, a power to resist the temptation to rest on the soporofic plains of mediocrity."

Editorials from the Lay Press.

Medical Editors on Daily Newspapers.

From the N. Y. Herald, June 12.

Dr. Horace Arnold, of Boston, in his oration before the Massachusett's Medical Society at its 133rd meeting this week, urged newspapers to add a physician to their editorial staff. With a physician editor, medical news can be relied upon, and physicians are readier to give information because they know that they will not be seriously misquoted.

We may say that for many years now the Herald has had a medical editor, and its readers have had all the advantages that Dr. Arnold points out. Experience has shown the value of his advise.

Antivivisection.

From Harper's Weekly.

Some dozens of letters have come to us all at once, asking us to be fair in the vivisection controversy and to give "both sides." Some of these letters inform us that the writers will subscribe for this Weekly if we are fair, but not if we pursue a course hostile to the vivisection crusade.

We have no intention of giving both sides. On the contrary, the suport of the cause of scientific medical progress will be one of the things to which we shall be energetically devoted. We shall no more give both sides of the argument on experiment than we shall give both sides of the question of whether the household fly shall be encouraged in the dining room, or sewers emptied into the city reservoir, or swamps kept for the breeding of mosquitoes, or smallpox patients permitted to ride on the street cars. We shall be extremely bigoted on the subject, and shall hope that the day will soon come when cancer will be added to the great diseases that have yielded to investigation.

True College Democracy.

From the New York Tribune.

About the livest movement in college education at the present moment is the widespread effort to achieve a more democratic college life. It may be protested that true democracy is a thing of the spirit and will not come overnight for the whistling. But all the signs point to the view that much of the spirit is to-day at hand and that present efforts are but designed to give that spirit prompt and full expression.

A good analysis of the difficulties which beset democracy in our large Eastern colleges was made recently by a young Harvard graduate. The problem, he said, was to amalgamate in some fashion three separate social classes—the complacent provincialists, the conscientious provincialists and the bitter provincialists. The first are the private school men—he was speaking of conditions at Harvard—the snobs, in popular speech. The second are the public school men of the middle classes. The third, often the most valuable and interesting men in college, are the men who have fought

their way up and into college by sheer grit and intelligence.

Roughly, these three classes are in all our colleges, and the difficulty of preventing their remaining separate and hostile is always present. Each class is provincial in a sense, none more so than the young barbarians at the top, who hold themselves aloof from human beings whose clothes and manners and parents are unlike their own. It is an admirable promise for the future that the present day college man is awake to the needs of democracy and is ready to fight for its principle in his alma mater.

Inefficient Legislatures.

From the Camden Courier, June 15.

The New Jersey Bar Association had its annual meeting and banquet in Atlantic City, on Friday evening last, and proved one of the most enjoyable ever given under its auspices. Of the many matters discussed for the uplift of the profession, the address of Brooks Adams, of the Massachusetts bar was decidedly interesting. It was a sharp criticism, in which he declared that "Legislatures next to courts are the most inefficient and incapable administrative bodies known to man." It was a confession that the system of government "is self-evidently vicious" because "experience shows the vice of legislative interference with administration," the latter being declared the weak spot in our government. It was his opinion that" legislation may, either directly or indirectly, confiscate property, precisely as boroughs were confiscated and as landed property is now being confiscated in England." These convictions of the Boston lawyer met with enthusiastic indorsement by the Association, which the ordinary layman would regard as a reflection upon the integrity of the profession. When it is remembered that Legislatures as a rule are made up largely of lawyers the accusation that the latter, "next to the courts are the most inefficient and incapable administrative bodies known to man," the admission of Lawyer Adams as to the character of the men of his profession must be the conclusion of one who has seen the light and is anxious for reform of the bar as well as of the legislature. The duty of the latter is to make not administer law, the latter being the prerogative of the courts, but the charge that they are more inefficient and incapable than the Legislature is rather weak.

Clean Vacations.

From the Philadelphia Press.

How many people know how to get the most out of the annual vacation? Assuredly, not all of those to whom in these rare June days the woods, the lakes, the shores and the sea are calling with myriad voices of the "Red Gods." The right kind of vacation makes new men of us; brings us back to work in better health and better temper, with a heart for any fate, with a normal outlook on life.

But the wrong kind of vacation is worse than none at all, and although ever-much planning in advance is apt to take the edge off the days of play, the wise man looks before he leaps and tells himself at least what he ought not to do.

There are all sorts of rules laid down by well-wishers as well as by busy-bodies as to what constitutes the right kind of vacation, but none of these rules can be made to fit all cases. One man's meat is another man's poison. Some men work harder at play when they are off duty than they do at their desks, and it does them good where it brings others back to the office exhausted.

Laofing is best for some and worst for others. The reason is plain: No two men respond to the same treatment for that tired feeling.

But certain rules as to what not to do if one would avoid almost certain damage when one gets off the highway of the year's routine are applicable to everybody, and some of these rules are pointed out in the weekly bulletin of the Department of Health and Charities.

They vitally concern the health which many a man and woman by neglecting to observe them finds worse instead of better after getting back home. They are few enough and simple enough, these rules. They may be stated in a sentence: Be sure that at the resort you pick out the water you drink, bathe in and swim in is pure, that the milk is pure, and that the flies, which do not breed or stay in clean places, are scarce.

By such precautions you are at least almost certain to avoid typhoid fever and other kindred diseases. As for the rest, every man, as usual, will be a law unto himself, and not necessarily unwisely.

The Doctors' New Duty.

From The Literary Digest.

The doctors do not make their voices heard enough, thinks the Dean of St. Paul's Cathedral, London. In their private practise, he points out, they have succeeded to some of the functions of the medieval priests. They hear "confessions of anxious and conscience-striken penitents"; they even "prescribe dietary disciplines and various quaint penances"; they also send people on pilgrimages to distant lands." The Physician "usually knows more than the clergyman about the real springs of action, the secret causes of sin and sorrow, the subtle and delicate influences by which soul and body affect each other, the mysterious and melancholy trammels of morbid heredity, and the unrecognized heroism of struggles against it." With all this Dean Inge wonders if "the medical profession as a whole takes its proper part in guiding and influencing public opinion in those matters wherein its members alone can speak with authority." In The Christian Work and Evangelist (New York) he asks whether it would not be "possible for the medical profession to recognize that they are called to an even higher duty than that of keeping the breath in their patients' bodies as long as possible, a duty which, as none know better than they, is often of doubtful public advantage"? He goes on:

"To educate public opinion is a painful duty, but in a democratic state it must be faced, and each of the great professions has its allotted task in keeping the public well informed on the subject on which it can speak with authority. If they do not undertake this work, it will not be done at all. Professional politicians can not do it. If the State is an organism, as we are constantly told, the

great professions are its organs, with definite functions to perform in the economy of the whole. If they fail in this, there will be what St. Paul calls 'schism in the body'; there will be disease in the body politic.

"So far as one can predict, natural science, and the science of health in particular, must hold an ever-increasing prominence in the life of nations. In all dreams of a future Utopia large drafts are made on the future resources of medical science. And the history of the last one hundred years justifies the hope that far more may be achieved in this way for human welfare and happiness than by any political or economic changes. We may look forward to a time when many of the diseases which now ravage humanity will have gone the way of leprosy and typhus; when some morally unobjectionable way of regulating population will have been discovered; when the average health, strength, and beauty of the people will be greatly enhanced; and when these crimes and vices which crop up as if by fatality in tainted stocks will be comparatively rare.

"The knowledge which makes this real progress possible is a divine revelation intended to be used. As it advances it will lighten the task of the religious teacher, the moralist, and the social reformer, and will make the work of the doctor less tragic than it often is now. The human race at present is a mere caricature of what it may be in the distant future if science is allowed to pursue her beneficent course unchecked by that false kind of humanitarianism which is kind only to be cruel. Intellectual and moral improvement will be as great as physical; the race will make a long stride forward toward the perfect man.

"All this may be; we can not say that it must be. There is no law of progress; all will have to be done by purposive effort. The most inspiring faith of our day is the confident belief that purposive effort, guided by expert knowledge, may achieve great things for the human race. This faith already directs our political life; it should also be a beacon-light to science. I have hinted, perhaps presumptuously, that the medical profession might use this weapon of concerted and collective action in the public interest more than it does at present. The criticism is at any rate prompted by the sincerest respect, and by the wish to see the new knowledge which God is every year putting within our reach used to the fullest extent for the good of our contemporaries and the still greater good of those who shall come after."

Economy Fills a Hospital.

From the Kansas City Star.

The increase in the number of infectious diseases since the city discharged its physicians to save money was shown to-day when it became known that the isolation wards at the General Hospital were full of persons afflicted with smallpox, diphtheria and other contagious diseases. There were 280 persons at the General Hospital yesterday, fifty-six of whom were smallpox patients. Other infectious diseases are there in corresponding numbers as the direct result of the cutting off of the city's health inspectors.

Formerly, with the city physicians making regular inspections, the number of smallpox patients rarely went above twelve or thirteen.

Here is how the boss administration saves (?) the taxpayers' money. The increase in food supplies for March over February, 1914, are as follows: Milk, 260 gallons; bread, 678 pounds; butter, 47 pounds; sugar, 106 pounds; eggs, 95 dozen. Physicians at the General Hospital admitted this morning that this increase was caused by the large number of patients cared for who are suffering from infectious diseases.

"The city is full of it," one physician said. "This morning I was asked to go out to a certain home for children and vaccinate the patients there. The children are suffering from both smallpox and diphtheria. Two of them were brought here last night, and I don't know what to do with them. One has been exposed to smallpox and now has diphtheria. The other has diphtheria and has been exposed to smallpox. The only thing I can do is to vaccinate against both diseases."

Therapeutic Notes.

Bronchitis in Asthmatic Cases.

Babcock, in the Journal of the Michigan State Medical Society, emphasizes the efficiency of apomorphine hydrochloride in doses of ¼ to ½ grain (0.015 to 0.03 Gm.), by mouth, in syrup of hydrochloric acid as an expectorant in cases of asthma with chronic bronchial catarrh. These and even larger doses of apomorphine can be tolerated by mouth without producing nausea. A combination which is likewise often useful is the following:

℞ Tincturae lobeliae, f℥v (20 c.c.).
Fluidextracti grindeliae, f℥j (30 c.c.).
Syrupi acidi hydriodici, q. s. ad f℥iv (130 c.c.).
M. Sig.: One teaspoonful in water three or four times a day.—N. Y. Med. Jour.

Brittle Nails.

This annoying condition may be benefitted by using one of the following ointments, which should be spread over the nails at bedtime:

℞ Mastich, ℥ss.
Sea salt, gr. xxx.
Colophony,
Alum,
White wax, of each, ʒss.

Or this—

℞ Extracti nucis vomicæ, gr. viij.
Pilocarpini nitratis, gr. ij.
Sodii arsenatis, gr. j.
Zinci oxidi,
Calcii glycerophosphatis, of each, gr. xv.
Cocci, q. s. pro color.
Adipis lanæ, ℥ss.
Misce. Fiat unguentum.—Gaz. des Hopitaux

Cystitis—Chronic.

Both boric acid and benzoic acid are useful adjuvants to the treatment of chronic cystitis through their antiseptic effect on the urine, each in 5-grain doses, rapidly increased to 10 grains. They may be given jointly, as in the following prescription:

℞ Sodii biboratis.
Acidi benzoici, aa gr. x.
Infusi buchu, f℥ij.
M. Sig.: Three times a day.—Dr. Tyson, in Merck's Archives.

Dysmenorrhea—Membranous.

Dysmenorrhea with clots and mebranes is best treated, says Dr. B. L. Cpitzig, in the Cleveland Medical Journal, by reducing the viscosity of the blood with citric acid. A standard formula is one part of the acid to three parts of lactose, a teaspoonful of the powder in a half glassful of water, three or four times daily. As nitrogenous food increases the viscosity of the blood, fats and carbohydates are to be preferred for one to two weeks before the menses.

Erysipelas.

Dr. Aspinwall Judd, of New York, in the Med. Summary, recommends phenol as being almost a specific in erysipelas. A strong solution is painted on the surface until it whitens and then followed by swabbing with alcohol. The treatment should go an inch beyond the border of the eruption to destroy all germs. The unbearable itching, burning, and throbbing are relieved at once, fever declines, and the general symptoms are relieved. The author states that he has treated successully 67 cases; in 5 cases it failed. No scarring recults. The superficial layers of the skin come off as in mild sunburn and the complexion is improved.

Gastric Ulcer—From Overworking the Stomach

Dr. R. H. Pierson, Captain Medical Corps, United States Army, Fort Gibbon, Alaska, in concluding a paper in the A. M. A. J., Jan. 3, 1914, gives the following brief outline of the treatment employed:

1. Rest in bed. This is essential for the first week; without it prompt results will not be secured.
2. The amount of gastric secretion is diminished by the use of belladonna or atropin given before meals.
3. Bismuth in some form is used before meals to protect the stomach walls.
4. When there is hyperacidity or pain over the pyloric region from 15 to 20 grains of sodium bicarbonate are given (four or five soda mints). It is well to give 15 grains of bicarbonate half an hour after each meal for the first week whether or not there is pain and distention.
5. A saline aperient is used every morning. Sodium phosphate in hot water has been found satisfactory.
6. A cold pack is applied over the stomach every night. The patient wears it through the night and takes it off in the morning. It is quite possible that the pressure by this pack over the stomach is beneficial. It seems to give some relief to the patients. They have less flatulence.
7. The food is to be eaten slowly, well chewed and is of a moderate quantity. The stomach is never loaded.
8. The foods which are allowed are those which call for a minimum of hydrochloric digestion. It is best to use foods which are largely digested in the intestine and which do not stimulate the functions of the stomach. The stomach is given a rest. Carbohydrate foods allowed are stale bread, crackers, shredded wheat biscuit, cereals with milk and little sugar, toast, cornstarch, tapioca. No nitrogenous food is permitted at first; later milk, then soft boiled or poached eggs, still later boiled fish. The fruits permitted are baked apples (pulp alone), ripe bananas (one at meal time), orange or grape juice in moderate quantities. The vegetables allowed are mashed potatoes, lettuce, asparagus tips; spinach or beet greens (tender leaves with salt and olive oil only as a seasoning). Butter and olive oil, weak tea or milk may be taken.

Foods not allowed are stimulants of any kind, seasonings (other than salt or olive oil), meats, beef extracts, soups other than vegetable, salt or dried fish, any vegetable foods which have heavy fiber or husks, an excessive amount of sweets.

Tobacco cannot be used for the first ten days. After that time it can be used in moderation, but not chewed.

The treatment consists essentially in giving the stomach a rest and inhibiting the production of its secretion. This is accomplished by checking part of the secretion through the use of belladonna, by diminishing the activity of the secretion through the neutralizing action of its acid, by selection of foods which do not stimulate the gastric secretions and by diminishing the amount of food which is consumed. By the rest in bed the physiologic processes of the body are slowed up. The demand for food drops. A man who has been living an outdoor life with fairly active exercise in a cold climate will require from 4,500 to 6,000 calories of food to maintain the bodily heat and supply energy for his work. As soon as he is put to bed in a warm room the demand for fuel drops to from 1,600 to 2,000 caloric value. When, in addition to this relief of the stomach from the demands which have been made on it, the character of the food is changed so that it is easily digested and that most of it is digested in the intestine and not in the stomach, then in comparison with what it has been doing, the stomach is afforded an almost complete rest. This treatment is simple and rational. It has for the few cases treated proved itself to be extremely effective.

In the cases which were treated by this method there was no pain remaining at the end of the first week. When practicable the patient was required to remain in hospital for one week longer. At the end of that time the patients were ready to leave the hospital and complete the cure at home. In each case the nature of the trouble was carefully explained to the patient and he was given a typewritten letter of instructions for continuation of treatment, with diet lists of foods which were and which were not allowed. Thus far there have been no recurrences.

Otitis Media.

Joliat recommends the following for use in obstinate cases of otorrhea:

℞ Acidi borici.
Bismuthi subnitratis, aa ʒj.
Acidi benzoici, gr. viij.
Formaldehydi, m v.
Glycerini, q. s. ad ℥j.
M. et ft. mist.; shake well.

Syringe the ear once or twice daily with a quarter of a liter of warm chamomile tea. Remove the fluid remaining in the external meatus by bending the head, and fill the concha with a large swab of absorbent cotton. With the patient lying down with the affected ear uppermost, fill the external canal with the mixture. Allow it to remain ten minutes, and then let

the surplus run out. Dry the meatus or plug with cotton. Joliat has successfully used this treatment for two years, some of his cases being of years' standing.—Rev. hebd. de laryn.

Professor Vincent's Method of Disinfecting the Nasopharynx.

The following prophylactic treatment is recommended by Vincent in the prevention of epidemic cerebrospinal meningitis, of diphtheria, measles, scarlet fever, acute poliomyelitis, influenza, etc.

1. Inhalations, four or five times daily, for three minutes at a time, of the following liquid placed in a bowl which has been, in turn, immersed in a basis with very hot water:

℞ Iodine, 20.0.
Guaiacol, 2.0.
Thymol, 0.25.
Alcohol (60 per cent.), 200.00.

2. Applications to the throat of the following solution, morning and evening, upon a cotton swab:

℞ Iodine, 0.50.
Potassium iodide, 1.0.
Glycerin, 15.0.

3. Gargle of 1 per cent. hydrogen peroxide. —Gazette des Hopitaux.

Painful Heel.—Painful heel is frequently due to an exostosis, a spur, on the bottom of the calcaneum. In cases of long standing rebellious pain under the heel, it is wise to radiograph in order to see where this lesion is present. While we sometimes find this condition in patients complaining of no pain under the heel, it has been pretty well demonstrated that removal of these spurs when present in "painful heel," is followed by abatement of symptoms. Before, however, such spurs are removed, the attempt should be made to take pressure off from them by means of well-fitting arches, felt rings, or other devices designed to take weight off from the painful heel.—E. S. Geist, in The Saint Paul Medical Journal.

Pharyngitis—Acute Catarrhal.

Dr. Wilcox, in Merck's Archives, says that of either of the following tablets, one may be dissolved in the mouth every two hours. The first formula is indicated in moderate pharyngeal inflammations, the second and third when pain and irritating cough are present, and the fourth when the pharynx is covered with thick and tenacious secretion.

℞ Potassii chloratis, gr. xv.
Olei menthae pip., m iij.
Ext. krameriae, gr. xv.
Ext. glycyrrhizae, ʒiss.
M. Ft. massa et div. in trochisci no. xxx.

℞ Codeinae, gr. iij.
Ext. gambir, gr. xx.
Ext. glycyrrhizae, ʒiss.
M. Ft. massa et div. in trochisci no. xx.

℞ Cocainae hydrochloridi, gr. 1-30.
Antipyrinae, gr. ij.
Sacchari lactis et equae dest., q. s.
M. Ft. tales trochisci no. xx.

℞ Ammonii chloridi, gr. xx.
Pulv. ipecacuanhae, gr. j.
Pulv. capsici, gr. ¼.
Ext. glycyrrhizae, ʒij.
M. Ft. massa et div. in trochisci no. xx.

Placenta Previa.

Treatment—Pituitrin used with good results in sixteen cases. Only a small portion of placenta presents, and especially if vortex presents and cervix is sufficiently dilated membranes should be ruptured and pituitrin given. In other cases employ combined version with pituitrin, and await spontaneous delivery, merely extracting arms and head. Where dilatation insufficient for combined version, insert small dilating bag or vaginal tampon, and later do version and give pituitrin.—Trapl.

Vomiting of Pregnancy.

Dr. Korek, in Deutsche med. Woch., says he administered 1½ grain tabloids of thyroidin in several cases of hyperemesis gravidarum, and observed a complete curative effect. In one case vomiting was observed to recur after cessation of the medication, but yielded again when the treatment was resumed. A noteworthy observation was that, contrary to the usual accelerating effect of thyroidin, the pulse rate was decidedly slowed by it in these cases.

White Liniment.

℞ Soft (green) soap, av. ℥i¼.
Camphor, gr. ccclxv.
Oil of turpentine, f℥x¼.
Dist. water, to make Oj.

Mix the soap with 2 fluidounces of water, dissolve the camphor in the oil, gradually add the latter solution to the former, triturating until the mixture becomes a creamy emulsion, and lastly add enough distilled water to make 16 fluidounces.—Phys. Drug News.

X-Ray Burns—Treatment.

Dr. Engman recommends that in X-ray burns lanolin be applied for twenty-four hours and then the following ointment:

Amyli
Zinci Oxidi
Bismuthi Subnit .....aa ℥i
Ac. Borici
Aquae Rosae .....aa ℥iss
Olei Olivae
Lanolini
Aquae calcis .....aa ℥iij

Wounds and Infections, Treatment.

Dr. A. E. Hoag, in the N. Y. Medical Journal, gave the following summary of procedures serviceable in these conditions:

Fresh Wounds.—A. Incised wounds; 1. Paint with iodine. 2. Shave dry. 3. Tie all bleeding points. 4. Remove foreign substances. 5. Suture all tendons and nerves. 6. Again apply iodine in and around the wound. 7. Suture wound. 8. Apply dry sterile dressing.

B. Lacerated wounds: 1, 2, 3, 4, 5, same as in A. Cut away all damaged tissue. 7. Again apply iodine. 8. Suture wound.

C. Punctured wounds: 1, 2, same as in A. 3. Enlarge opening for drainage. 4. Insert rubber drain. 5. Alcohol dressing. 6. Tetanus antitoxin.

D. Gunshot or bullet wounds: 1, 2, same as in A. 3. If great amount of bleeding, enlarge opening and tie bleeding vessels. 4. If nerve injured, suture nerve. 5. Close wound. 6. Apply an alcohol dressing. 7. If neither 3 or 4

has occured, all that is necessary after 1 and 2 is to apply alcohol dressing. 8. Tetanus antitoxin.

Infections.—Inflammations with slight amount of serum exudation and characterized by redness, heat, swelling, pain, and loss of function. 1. Rest. 2. Elevation. 3. Hot, wet dressing.

A. Inflammations with great amount of serum exudation, but with slight tendency to necrosis: 1. Incision. 2. Place gauze in wound saturated with Chlumsky's solution. 3. Apply wet dressing; keep wet. 4. Remove gauze in twenty-four hours. 5. Insert rubber drain. 6. Apply wet dressing.

C. Inflammations with marked necrosis: 1. Incision. 2. Drainage. 3. Wet dressing. 4. After inflammation has receded use Durante's solution. 5. Dry dressing.

Solutions for Dressing Wounds.—Durante's solution: Iodine, 1 part; potassium iodide, 10 parts; guaiacol, 5 parts; glycerin, to make 100 parts.

Chlumsky's solution: Camphor, 60 parts; phenol, 30 parts; alcohol, 10 parts.

Universal Cement.—Here is a formula for a cement that is said to stick for dear life: Four parts alabaster plaster and one part of finely pulverized gum arabic mixed with a cold saturated borax solution into a thick paste. It is an all-round cement for stone, glass, bone, horn, porcelain and wood, and is said to become as hard as marble, possessing the agreeable quality of not solidifying immediately after mixing, but only after twenty-four to thirty hours.—Medical Summary.

Hospitals; Training Schools.

Bayonne Hospital Training School.

The annual graduating exercises of this school were held at the Elks' Club House, Bayonne, on the evening of June 12th, when eight nurses received their diplomas which were presented by Dr. F. M. Corwin. Dr. Harlow Brooks, of New York, delivered the address.

Franklin Furnace Hospital.

In order that the Franklin Hospital may be able to transport accident patients, the New Jersey Zinc Company has donated a new automobile ambulance to the institution. It will be sent out in response to all calls in the immediate vicinity.

Hackensack Hospital.

The twenty-sixth annual meeting of the Hackensack Hospital Association was held at the Union League Club on June 9th. Drs. Edgar K. Conrad and M. R. Brinkman were elected governors. Dr. Fred. S. Hallett was elected a member of the medical staff, of which Dr. David St. John is president. The medical report stated that 727 patients had been treated in the wards and private rooms and 583 in the dispensary, making a total of 1,310. The treasurer of the recent campaign committee reported that $86,000 had been subscribed and $56,000 had been paid in.

Mercer Hospital Staff, Trenton.

The staff and assistant physicians of Mercer Hospital, enjoyed their annual clambake, recently held at Port-au-Peck, Pleasure Bay. The baseball contest between the Chiefs and Assistants was a drawn battle. Dr. Mackenzie acted as scorekeeper and Dr. Davison as umpire. Thirty doctors attended.

Morristown Memorial Hospital.

As the Journal goes to press we are pleased to hear that the campaign to raise funds for the enlargement and better equipment has been successful, over $100,000, the amount desired, having been raised.

Muhlenberg Hospital, Plainfield.

The North Plainfield Borough Council has agreed to pay $1,500 annually for the care of indigent patients in the hospital from the borough. Plainfield City has a similar agreement with the hospital authorities.

Summit Hospital.

The campaign to raise $125,000 for the purchase of Overlook Hospital for the city has closed successfully when a $25,000 gift was received.

Dr. Prout, at a recent meeting of the campaign committee, expressed the opinion that municipal hospitals in cities the size of Summit could not be made a success. "Better management will be assured under the proposed regime than could be had if the institution were controlled by the city," said the physician. "Again, I doubt if a city institution would meet with the unanimous approval of the medical profession."

Essex County Hospital Training School.

The twenty-seventh class of nurses graduated from this institution on June 16, the exercises being held in the hospital hall, when 25 nurses received their diplomas. Three prizes were awarded. Drs. Clement Morris and Edgar A. Ill, of Newark and Dr. E. C. Butler, of Caldwell, compose the hospital's examining board.

Passaic General Hospital Training School.

Seven nurses were graduated June 2 from this training school. The exercises were held at the Passaic Club. Delegations were present from every class but one since the school was opened in 1898.

Physicians' Hospital School for Nurses, Vineland.

At the annual commencement of this school held last month two nurses graduated. Addresses were delivered by Dr. J. B. Haines of Ocean City and Dr. John S. Halsey of Vineland. Dr. E. H. Van Deusen presided.

Trenton State Hospital Training School.

The Training School for Nurses of the State Hospital at Trenton closed its eighth year June 5, 1914, with the graduating exercises held in the hospital chapel, when five nurses graduated. The address to the class was given by Senator William E. Ramsay, M. D., of Perth

Amboy, who spoke principally upon subjects relating directly to the profession of nursing, but also referred to the increase in the efficiency of this hospital since the establishment of the School for Nurses. The diplomas were presented by Dr. Luther M. Halsey, president of the board of managers. Dr. Henry A. Cotton, the medical-director of the hospital, has endeavored to make this school one of thoroughness in its training. Each student has been required, as part of her course, to spend six months at Mercer Hospital. The course hereafter will be three years instead of two.

The Hospital Situation in New York.

American Medicine, May, 1914, says: The hospital situation in New York City is admittedly so bad that nothing short of a radical reorganization will remedy the defects. Perhaps it might be better to say that an organization must be created, as there is no coordination at present among the 111 public or semi-public institutions of which we have knowledge and the more numerous private hospitals and sanitariums not listed. It is an open secret that some private institutions are sadly in need of regulation by some one endowed with legal power to enforce reforms. Whether this official body shall be under the Health Department or be independent is immaterial to this discussion, though much may be said for and against each system. The point is merely that some one must have power to end the present murderous inefficiency. No doubt those institutions which are financed by private individuals, churches, or other associations will bitterly resist any restrictions on their American freedom to do as they please, but that is to be expected. We all recognize the fact that the restoration of the disabled, while once a family affair, is slowly becoming the duty of the social organization for its own protection and efficiency. The money will be raised somehow, and if it is not supplied voluntarily by those who think they have some to spare, it will be taken by legal means from those whom we know have more than is good for them or for society. The day of greedy accumulation of useless wealth has passed.

Those who have too much, have charged too much for their wares or have taken an unearned increment and must refund to society. So we need not worry about the future expenses of hospitals—indeed the cost per bed will be far less than now, even in institutions that are using their present equipment to proper advantage.

The Special vs. the Complete Hospital.

With the "hospital unit" as our sole guide, the general hospital, with " a medical and a surgical side," and the special hospital, with its one-sided organization and its helplessness in the face of unexpected and complicated emergencies, pass muster as satisfactory hospitals; but inasmuch as neither the general hospital which is composed exclusively of a medical and a surgical side nor the special hospital which is manned by a group of regional technicians, is prepared, in the treatment of its patients, to bring effectually to bear the combined resources of modern medicine, no hospital of either type should be created henceforth without a protest. And for the same reason existing hospital fragments, wherever and whenever possible, should be pieced together into whole and competent hospitals.—S. S. Goldwater in The Modern Hospital.

Hospital Management.

Dr. D. Gocheualeur, of San Diago, Cal., in a paper on "The Ideal Hospital," in the California State Medical Journal, says:

The most successful corporations, public and private institutions, have learned by actual experience that the best results can be obtained under the department plan in the management of their business, and this applies with equal force to hospital.s

It is the exception to find the best fitted, and the best trained business men in the management of hospitals. Proper temperament, keen perception, a thorough knowledge of men, and a graceful and tactful adaptability to their varied requirements, coupled with good business and hospital training, are essential in a manager of a hospital. If it is necessary for a nurse to be trained to guarantee efficiency in her profession, why is it not as essential for a manager of a hospital to be also a hospital trained man?

While superintendents of nurses are originally chosen from the best young women in the average walks of life, ninety per cent. of them have had no practical business training. They are, however, trained in all that pertains to the management, care and teaching of the training school, the care of the sick, and a most painstaking loyalty to the hospital and to the medical profession.

I know of no line of business, in the affairs of which there is quite so much friction, and lack of harmony as is usually found in the affairs of hospitals. This is largely due to a lack of proper understanding between the management and the superintendent of nurses.

The Private Hospitals.

From The Lancet-Clinic., Cincinnati.

More and more insistent, and from many quarters, come the complaints of unfair competition with the profession on the part of what may be called the sectarian hospitals—those that are not supported by public funds but must raise money for their support either by contributions or by the ordinary business methods of selling accommodations to the sick and injured. One of the most specific and disagreeable of the accusations brought against these hospitals is that by advertising very low rates of board among the members of the sect to which they belong they attract patients of very moderate means, who are then induced to place themselves under the care of the appropriate member of the hospital staff who is willing to accept a commensurately moderate fee.

This is an attractive proposition from the patient's standpoint. Not knowing that there are hospitals and hospitals, and that there are, therefore, staffs and staffs, the prospect of hospital treatment by a hospital staff physician or surgeon spells efficiency and success, if success is possible. Therefore, they are perfectly satisfied—at least, at first. The hospital, too, is satisfied because it is getting the board it has allotted to that bed or room to earn. The member of the staff is probably satisfied be-

cause such a man is satisfied with small things.

But what about the general practitioner on the outside? Taking him collectively he loses a very large number of cases per annum that in all fairness (if we are to have fair competition) should belong to him. His cases have been taken away from him by underbidding, which, we think, can be called unfair competition in medicine.

It would, of course, be extremely useful to have the exact facts in these cases, for as yet the matter appears to be in the rumor and hearsay stage. We invite letters from any of our readers who may know of instances of the character set forth above.

But better than rumors, or letters of practitioners who may feel aggrieved, would be that investigation and rating of hospitals, as medical colleges are rated by some competent authority, more than once proposed by the Lancet-Clinic in the interest of the hospitals and of the medical profession and of the public. In this way deserving institutions would justify their demands upon the charitable, undeserving institutions would be compelled to reform their methods or close, no temptation would be thrown in the way of any staff officer to deal unjustly with a professional brother, and the public would know whether they were entering a Class A+ or a Class D third hospital.

Of course, the best solution of the question, in view of the present and prevailing scarcity of beds and rooms in private hospitals, would be the erection of a large municipal hospital with accommodations at various prices, where any reputable practitioner could take his cases, and where there would be no staff that had the first call on vacant rooms. Such a hospital could be made to pay for itself under competent management in a few years, and yet furnish excellent accommodations at moderate prices.

Marriages.

BROOKE-FLETCHER.—At Bayonne, N. J., June 3, 1914, Dr. William W. Brooke to Miss Della M. Fletcher, both of Bayonne. Miss Fletcher was for several years the superintendent of the Bayonne Hospital.

CHARLTON-COLE.—At New York City, April 29, 1914, Dr. C. Coulter Charlton, of Atlantic City, to Miss Lucie Jane Cole, of Kingston, N. Y.

CLARK-CUNNINGHAM. — At Charleston, West Virginia, May 14, 1914, Dr. Worth Clark, of Atlantic City, to Miss Florence Cunningham, of Charleston, W. Va.

DUNN-POLHEMUS.—At Franklin Park, N. J., June 4, 1914, Dr. James Conger Dunn to Miss Margaret Nevius Polhemus, both of Franklin Park.

MAC DONALD-BLACKWELL.—At Trenton, N. J., June 24, 1914, Dr. John Oliver MacDonald to Miss Helen Hunt Blackwell, both of Trenton.

MAGNER-CURRY.—In New York City, April, 1914, Dr. John Joseph Magner, of Hackensack, N. J., to Miss Mary Elizabeth Curry, of New York City.

PRAGER-MYERS.—At Newark, N. J., June 17, 1914, Dr. Bert A. Prager, of Chatham, N. J., to Miss Ethel Myers, of Newark.

WOLFS-HEROLD.—At Newark, N. J., June 2, 1914, Dr. Jean Francois Wolfs to Miss Florence Herold, daughter of Dr. Herman C. H. Herold, both of Newark.

Deaths.

HAINES.—At South Amboy, N. J., June 24, 1914, Dr. Edward E. Haines, aged 54 years.

Dr. Haines graduated from the Jefferson Medical College, Philadelphia, in 1890, and has since practiced in South Amboy. He was for many years a member of the Middlesex County Medical Society. He served as an Assemblyman in our State Legislature three years; was a member of the local Common Council for one term; was president of the local Board of Health several years and a member of the local Board of Education. In 1912 he was appointed Postmaster of South Amboy and served till the time of death. His wife survives him.

HOSMER.—At Summit, N. J., June 2, 1914, Dr. George W. Hosmer, aged 83 years.

Dr. Hosmer was graduated from the College of Physicians and Surgeons in the class of 1855 and practiced in New York from the date of his graduation until the early 90's. During the Civil War he was a correspondent for the New York Herald and filled a similar position for the same paper during the Franco-Prussian War. He leaves a wife, a son and a daughter.

REILEY.—At Atlantic City, N. J., June 9, 1914, Dr. Edward A. Reiley, aged 58 years.

Further notice will appear next month.

SYMMES.—At Cranbury, N. J., May 8, 1914, Dr. Henry Cleves Symmes.

The Presbyterian, Philadelphia, says: "The town of Cranbury, N. J., has met with a great loss in the death of its beloved physician, Dr. Henry C. Symmes. Dr. Symmes was the son of Rev. Joseph G. Symmes, and grandson of Rev. Symmes C. Henry, who, one after the other, occupied the pulpit of the historic First Presbyterian Church of Cranbury, for seventy-five consecutive years. He was also a nephew of the late Rev. J. Addison Henry, D. D., of Philadelphia.

"Dr. Symmes was the true exemplification of the 'Christian Physician,' an elder and a trustee in the First Church, and seldom, if ever, even with a large practice, was absent from his place at the church services. Faithful, energetic and skillful, his loss is a severe one to the people of the town to whom he ministered and to his family."

TULLIS.—At Camden, N. J., June 11, 1914, Dr. Eli R. Tullis, aged 77 years.

Dr. Tullis graduated from the Hahnemann Medical College, Philadelphia, in 1877 and has since practised in Camden.

WIVES OF DOCTORS.

BURROUGHS.—In Trenton, N. J., June 24, 1914, Mrs. Saddie K. Burroughs, widow of Dr. Charles R. Burroughs, formerly a member of the Mercer County Medical Society.

STROCK.—At Camden, N. J., June 11, 1914, Mrs. Amelia F. Strock, wife of Dr. Daniel Strock, suddenly from cerebral hemorrhage. Mrs. Strock had been suffering for some time from valvular disease of the heart. She had been about her home as usual during the day and retired at 10.30 o'clock. About 2 o'clock in the night her attendent went in to Mrs. Strock's room and found her dead. She was widely known throughout the city and was greatly esteemed.

Personal Notes.

Dr. Augustus L. L. Baker, Dover, was recently complimented by Dr. Wainright of the Moses Taylor Hospital, Scranton, Pa., for his good work as instructor of the local team of Lackawanna employees in first aid work.

Dr. Lewis C. Burd, Ogdensburg, spent several days last month fishing at Swartswood Lake.

Drs. Walter E. Cladek and Frederick W. Sell, Rahway, were appointed medical inspectors by the Board of Education, June 16, at salaries of $250 each.

Dr. Ralph K. Hollinshead, Westville, has been appointed a member of the borough health board.

Dr. Gordon K. Dickinson, Jersey City, has an article in the June 20th issue of the Medical Record on "Wright's Solution: A Substitute for Antiseptic Solutions."

Dr. D. J. M. Miller, Atlantic City, discussed Dr. F. M. Crandall's paper on "Endocarditis in Children" at the annual meeting of the American Pediatric Society in Stockbridge, Mass.

Dr. Henry W. Kice, Wharton, and wife went by automobile to Atlantic City, June 20, and spent a few days there.

Dr. John C. Loper, Bridgeton, was elected president of the Bridgeton High School Alumni Association, last month.

Dr. George L. Romine, Lambertville, attended the meeting of the surgeons of the Pennsylvania Railroad at Atlantic City last month. Dr. Joseph M. Wells, Trenton, spoke on the best way to prevent accidents.

Dr. Ralph R. Charlesworth, Millville, was recently elected city physician.

Dr. Charles H. Scribner, Paterson, and family have gone to their cottage on the west shore of Culver's Lake, for the summer.

Dr. David Warman, Trenton, has a lengthy and interesting account of his four months' visit in California and other Western States in the Daily State Gazette of June 8th.

Dr. Henry L. Coit, Newark, founder of the Medical Milk Commissioners, was elected vice-president of the American Pediatric Society, at its 26th annual meeting, Stockbridge, Mass., May 26-28, 1914.

Dr. John F. Leavitt, Camden, and family, have gone to their summer home at Wildwood.

Dr. John W. Wade, Millville, attended the reunion of the class of '84 of Jefferson Medical College, Philadelphia, at the Bellevue-Stratfor last month.

Dr. Enos E. B. Beatty, Newton, has been re elected by the local Board of Education a medical inspector at a salary of $450 pe annum. The doctor, accompanied by his wif went to Exeter, N. H., last month to attend th commencement exercises of the academy ther from which their son graduated this year.

Dr. Aldo B. Coultas, Madison, has been re elected medical inspector of schools at a salar of $350.

Dr. Albert B. Davis, Camden, major o Third's Hospital Corps, has arranged a serie of lectures on first aid to injured and the sick

Dr. H. Crittenden Harris, Glen Ridge, an wife spent a few days last month at Atlanti City.

Dr. Ernest G. Hummel, Camden, and famil spent a week last month at Ocean City. The are now occupying their summer home there

Dr. Frederick J. La Riew, Washington, ha been appointed a member of the County Mosquito Extermination Commission.

Dr. William B. McGlennon, East Newark had a slight fire in his home, destroying som celluloid articles on a dresser, and other smal articles.

Dr. Alexander Marcy, Jr., Riverton, has been appointed by State Commissioner of Education C. N. Kendall one of the delegates to the Fourth International Congress on Home Education, which meets in Philadelphia, September 22 to 29, 1914.

Dr. Joseph L. Nicholson, Camden, was thrown from his automobile as it turned turtle recently, but fortunately escaped serious injury.

Dr. Paul M. Mecray, Camden, and family will sojourn this summer at Cape May.

Dr. Edward A. Y. Schellenger, Camden, and family will occupy a cottage at Ocean City during the summer.

Dr. Frederick H. Seward, Madison, and wife spent two weeks at Atlantic City last month.

Dr. George E. Titus, Hightstown, and family attended the commencemene exercises of his college and class reunion at Gettysburg. He visited Washington, D. C., in returning.

Dr. William C. Allen, Blairstown, and wife spent a week at Atlantic City last month.

Dr. William J. Chandler, South Orange, attended the Commencement Exercises of Yale University, at New Haven, last month. It was the 50th anniversary of his graduation from that institution.

Dr. W. Story Foster, Newark, and wife motored to and made a brief visit with friends in Flanders last month.

Dr. Thomas N. Gray, East Orange, spoke in one of the Philadelphia churches on June 21st on "Save the Babies." It was "Health Sunday" in that city when about 50 prominent physicians enroute for the A. M. A. annual meeting at Atlantic City spoke in as many churches in Philadelphia.

Dr. James Hunter, Westville, has been appointed medical inspector of schools inDeptford township.

Dr. William G. Schauffler, Lakewood, as president of the State Board of Education, presented diplomas to 139 graduates of the New Jersey Normal School at Montclair; the largest class that ever graduated there.

Dr. Harvey D. Williams, Trenton, has removed his office from 610 to 638 Perry street.

Medico-Legal Items.

Practising Without a License—Officers of Corporations.—In proceedings for practising without a license, it is held that an officer, employee, or agent of a corporation who practises medicine without a license commits an offense, though he purports to act for the corporation.—Norwood v. State, Texas Criminal Appeals, 158 S. W. 270.

Reading Medical Authorities to Jury.

In an action on an accident insurance policy for the death of the insured from pancreatitis, the plaintiff claimed that the disease was caused by a violent wrench which the insured sustained in attempting suddenly to rise when a street car on which he was riding started to rock, while the defendant attempted to show that the pancreatitis arose from indigestion. Expert witnesses were introduced on both sides. One or two of these had previously seen one case of pancreatitis, but none of them had seen enough of the disease to speak as experts upon it, independently of medical authority; and they all relied on and referred to medical authorities for the conclusions which they stated. When the experts for the defendant had testified that pancreatitis could not be caused by the external injury, the trial court allowed them, on cross-examination, to be asked if certain medical authorities, known to be authoritative, did not give instances of pancreatitis having been so caused, and the statements of these authorities were permitted to be read to the witnesses as a part of the question. It was held that this was proper. When one doctor testifies that the medical authorities teach so and so, and another doctor testifies that they teach the contrary, the jury would have little light to guide them in determining between the conflicting statements. But if the medical authorities referred to are presented to the witnesses, and read in the hearing of the jury, they can form a more intelligent idea as to which of the witnesses is supported by the text.—Travelers' Insurance Company v. Davies, Kentucky Court of Appeals, 153 S. W. 956.

Recovery for Medical Services as Damages.

In an action for personal injuries caused by the defendant's negligence it is held that the plaintiff can only recover the fair value of such services so far as they were rendered in the treatment of physical ills resulting from the defendant's tort, and that he cannot recover unless the services rendered were such that the doctors, if plaintiffs in an action against him, could recover and that the right of action is measured only by his legal obligation to pay them.—Hunt v. Boston Terminal Co., Massachusetts Supreme Court, 98 N. E. 786.

Evidence—Effect of Cocaine.

In a prosecution for unlawfully selling cocaine, the opinion of a medical expert, who was a pharmacist as well as a doctor, that a powder in a package, which he tasted was cocaine, was held to be properly admitted, although he testified that he could not tell the difference between cocaine and epsom salts, except by making actual tests. He had previously described fully the effects of cocaine and the effect of the powder he had tasted.—State v. Burno, North Carolina Supreme Court, 74 S. E. 464.

Duty of Parents to Care for Adult Children Rendered Helpless by Accident or Disease.

The Court of Appeals of Kentucky says in the case of Crain vs. Mallone, that the duty and obligation of a parent to care for his offspring does not necessarily terminate when the child arrives at age or becomes an adult; nor is it limited to infants and children of tender years. An adult child may from accident or disease be as helpless and incapable of making his support as an infant, and the court sees no difference in principle between the duty imposed on the parent to support the infant and the obligation to care for the adult, who is equally, if not more, dependent on the parent. In either case the natural, as well as the legal obligation is the same, if the parent is financially able to furnish the necessary assistance. If the parent has no estate, or is indigent or otherwise unable to support his infant child, who is possessed with ample means, the chancellor when appealed to might make allowance out of the child's estate; and ,in the case of an unfortunate adult, the court under similar circumstances would grant relief.

Malpractice—Opinion Evidence—History of Case—Insufficient Evidence.

In an action for damages for alleged malpractice in mistakenly diagnosing and treating an ailment of the leg it was alleged that the defendant diagnosed the disease as blood poisoning, when in fact it was a disease of the leg "at the right tibia," which diseases and ailment had well-known and peculiar signs and symptoms. The disease was not named, and it was not alleged wherein the treatment was wrong. It was held that the complaint was uncertain and not specific and subject to demurrer on the ground of uncertainity. Two physicians were called as expert witnesses to give their opinions based upon assumed facts and the "history of the case," which history of the case was material to their opinion. It was not within the personal knowledge of the expert witnesses, but had been obtained from conversations with the parents and friends of the plaintiff. It was held that their opinions had no value as proof. The defendant contended that it was necessary for the plaintiff to establish (1) that he had octeomyelitis at the time the defendant treated him; (2) that the defendant's mistaken diagnosis was due to negligence on his part; (3) that the treatment, judged by the proper legal standards, was improper, and that the injury resulted therefrom. It was held that, the opinions of the expert witnesses being eleminated, there was not evidence showing that the plaintiff was afflicted with osteomyelitis prior to the defendant's last visit to him. There was not sufficient evidence to show that the defendant carelessly and negligently treated the disease or that the disease was not blood poisoning or septicemia. It further appeared that osteomyelitis might develop from the septic condition due to septicemia, and that the presence of osteomyelitis on a date subsequent

to the defendant's last visit to the plaintiff was not proof positive of its existence in the plaintiff's leg previous to the defendant's last visit. Judgment for the plaintiff was reversed. —Osborn vs. Carey, Idaho Supreme Court, 133 Pac. 967.

Practising Without Authority.

On the prosecution of a person charged with violating the medical practice act on the ground that he does not posses an unrevoked valid certificate from the State board of medical examiners, the Oklahoma criminal court of appeals holds that the production at the trial and the introduction in evidence of such certificate is a complete defense to such charge. This rule, however, is not intended to, and does not, protect such person from prosecution if he aid and abets another to violate the medical practice act in so far as his connection with such other unauthorized person is concerned. A person who does not possess a valid, unrevoked certificate from the State board of examiners is held not entitled to practise medicine under the laws of the State, and is not authorized to render medical aid except in emergencies and such other cases as are specifically exempted by the statute. And this is true even though he worked with or under the directions of a duly authorized practitioner; and it is immaterial whether he works for a fee or percentage, or whether he is employed on a salary.—Gobin v. State, 131 Pac. 546.

An Interesting Decision of a Law-Court on a Wrong Diagnosis.

In the hearing of a case for alleged malpractice the judge made an interesting statement which is worthy of recording. A patient injured his limb by a fall from a scaffold and was brought to a public hospital. He was examined and pronounced to be suffering from a distortion of the ankle-joint, and treatment was given accordingly, including cold, wet compresses to the painful parts. Roentgenoscopy revealed nothing serious. The patient's condition, however, was not much improved, and he left the hospital of his own accord. He continued at the outpatient's department, and also interviewed another surgeon without much benfit. Then he went to another hospital, where his condition was diagnosed as a fracture of the lower portion of the tibia and fibula, as was visible in the roentgenogram. But he was told that, owing to the lapse of time, nothing could be done for him without an operation, to which he did not consent. He then sued the first hospital and the first surgeon for damages, because he had received the wrong treatment, owing to a false diagnosis. In the course of the hearing, evidence from mdical experts was given to the effect that during the first few days after receiving such an injury, it might be impossible to ascertain the exact nature of the existing pathologic conditions. After repeated adjournments and appeals, the High Court of Justice took the matter over. The judge gave a verdict for the defendants and said that "if a doctor examines a patient with all care, diligence and knowledge at his disposal, he is free from blame, even though he arrives at a very wrong diagnosis." By this decision it is hoped that the frequent claims for damages arising out of alleged wrong diagnoses will become less customary.

Book Reviews.

Diseases of the Rectum. By Martin L. Bodkin, M. D., Rectal Surgeon, St. Mary's Hospital, the Williamsburgh Hospital and the Howard Orphan Asylum. 416 pages, illustrated. Price $3.50. E. B. Treat & Company, New York.

This is an able presentation of the diseases of the rectum based on some thousands of cases studied in treatment, giving the author's observation and experience. He calls attention to the frequent association of diseases of the rectum with faulty physiological conditions in the upper digestive tract, gastric and intestinal disturbances being, in many cases, the direct predisposing causes. The relation of rectal diseases to gynecology is also set forth, and a detailed description of the modified Tuttle abdomino-perineal operation for the removal of cancer of the rectum and the Tuttle three-step operation in tumors of the sigmoid colon.

Electricity in Diseases of the Eye, Ear, Nose and Throat. By W. Franklin Coleman, M. D., M. R. C. S., Eng.; ex-President of and Professor of Ophthalmology in the Post-Graduate Medical School of Chicago and Professor of Ophthalmology in the Illinois School of Electro-Therapeutics, Chicago, Ill. 595 pages and 156 illustrations. Price $5. Courier-Herald Press, Chicago.

This volume seems to be eminently practical. The author gives what has been accomplished by electricity in these diseases after a somewhat extensive study and experience in its clinical application, and also the best thought of other electro-therapeutists, to date. The case reports add much to the value of the book. The general practitioner as well as the specialist in these diseases will find this volume helpful.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam'd.	Passed.	Failed.
Connecticut, March	20	14	6
Dist. of Columbia, Jan	10	7	3
Maine, March	16	13	3
New Jersey, June	—	—	—
North Dakota, Jan	10	9	1
Oregon, January	75	42	33

The Tennessee Board of Medical Examiners licensed 17 candidates through reciprocity, from January 15 to December 23, 1913.

The Board of Examiners for the Philippine Islands registered 33 physicians during the latter part of 1913.

The California Board licensed through reciprocity 39 physicians in December, 1913.

The Public and Low-Grade Medical Colleges.

The public in eighteen States is not adequately protected against untrained doctors. The boards of thirty-one States are making use of the legal power conferred on them to discriminate between medical colleges and to refuse recognition to those which are of low

standard or are not properly equipped to furnish their students a satisfactory training in modern medicine. Of the thirty-one State boards, seven will not license the graduate of any medical college unless he has completed at least two years of work in an approved liberal arts college before taking up the study of medicine. There remain eighteen States, in some of which the boards do not have legal authority to pass on the character or standing of the colleges whose graduates may be admitted to examination, while in other States the boards are apparently given ample powers, but are not using those powers. These States are Arizona, California, District of Columbia, Idaho, Illinois, Kansas, Maine, Massachusetts, Missouri, Montana, Nebraska, Nevada, North Carolina, Oregon, Tennessee, Utah, Washington and Wyoming. These facts are taken from a recent report in The Journal of the American Medical Association. Since the graduates of these low-grade medical colleges cannot secure licenses in thirty-one States they will flock to those in which they are still eligible. These eighteen States, therefore, are certain to be the dumping-ground for the output of these inferior colleges just so long as the practice acts permit, or so long as the State licensing boards do not take action against them. The people have the right to expect that the State—on which the national constitution places the responsibility—will grant them proper legislation, and that the licensing board —the only legal body having these matters in charge—will take such action as is necessary to protect them against the ill-trained product of low-grade medical colleges.

Requirements for the Study of Medicine.

Dr. Victor C. Vaughan, president-elect of the A. M. A., in discussing a paper on Maintenance of High Standards, said:

No man is fit to study medicine unless he is pretty thoroughly acquainted with the fundamental facts in the physical, chemical and biologic sciences. Medicine consists of the application of the discoveries of science to the prevention or the cure of disease. The facts of the biologic, physical and chemical sciences are the pabulum on which medicine feeds. Without these sciences, everything that goes under the name of medicine is fraud, sham and superstition. Medicine can advance no further than the sciences on which it is based, and it is perfectly preposterous to think of teaching any one medicine without the possession on the part of that person of the fundamental facts of those sciences; and with all due respect to Harvard University, it has demonstrated this fact, because for many years Harvard University required only short courses in chemistry for admission among the sciences. It demanded a bachelor's degree, but the man who had the bachelor's degree need not have anything more in the sciences than short courses, and I think that the Harvard men are now quite thoroughly convinced that this is not the way to teach medicine.

There are difficulties in the administration of the requirements for the study of medicine, I do not think they are ideal at all, but I believe they are practical, and with some difficulty they can be administered. As to languages, the professor of pathology of the University of Michigan, College of Medicine and Surgery, requires that students read Ziegler in German. Most of the instructors in the first two years require of every student during each semester a translation from some current article or some article in some current medical or scientific journal, leaving the choice between German and French. No man, I care not if he has the genius of Daniel Webster or the wisdom of a Solomon, can properly study medicine without a knowledge of the fundamental sciences on which medicine is based.

We are now getting one new doctor a year for every 20,00 inhabitants. Twenty years ago one new medical man entered the field every year for each 14,000 persons. Sixty medical colleges in the United States have gone out of business in the past decade, and we now have but a few more than 100 left. Stricter laws regarding initial examinations of new doctors, stiffer and longer courses of study and a higher education demanded of students entering the medical course are some of the things which have tended to reduce the number of new physicians graduated every June. Many a tombstone stands for the mistakes of an ignorant doctor. "Burying mistakes" is happily growing less common than it used to be, thanks to the far higher knowledge required before a layman may begin practice on human life.

—Philadelphia Ledger.

Suggestions to Diminish the Number of Medical Students.

As has been mentioned, the constant increase of students taking up the medical curriculum has caused much anxiety, both in the profession as a whole and in the teaching institutes of the Vienna University. The former see a severe menace to the profitable outlook of medicine, if the increase continues. The medical faculty is unable to cope with the number of applicants and all the scientific institutes are crowded so that the students can hardly follow up their studies. For instance, in the last year, there were only 116 dead bodies at the disposal of the two anatomic institutes. Over 700 first-year students, apart from those who were more advanced in the studies, were awaiting their turn in the dissecting-halls to dissect all the organs. Various attempts have been made to decrease the influx of students to the medical occupation. Warnings addressed to the head teachers and instructors in the schools were published in the daily papers. The financial outlook was discussed in the daily and weekly papers, showing how unsatisfactory it is. But, on the other hand, political parties opposed the idea of decreasing the number of students, as for special reasons they wanted intelligent men.

Therefore, the Vienna Medical Society nominated a special committee to suggest means for obtaining the desired effect. This committee has just published its opinion. It is based on the idea that out of the odd 12,000 practitioners in Austria alone 500 fall out yearly, either from death or by retiring, but surely the actual loss is smaller by from 300 to 350. To keep up the present percentage of doctors to the population, about 500 promotions yearly

to the degree of M.D. would be sufficient. In 1909-1910 this limit was reached, and in 1912-1913 it was 636. As the number of first-year students has increased by more than 50 per cent. since 1908, the number of yearly promotions will increase to 1,200 in the course of three or four years.

The committee has suggested that the present very low costs of the medical course be increased to double the present rate which is about 50 cents per weekly hour and thus bring it to the level of the rates in Germany. Furthermore, with the exception of the native Viennese and those from uppor and lower Austria, only those students should obtain admission to the Vienna University who come from countries which have no universities. None of these suggestions apply to postgraduate work or to students from non-European countries. A suggestion made by Professor Hochenegg is worthy of consideration. He suggests that all future students of medicine should have a preliminary year's work in biology, chemistry and physical science. An examination would follow which would decide whether or not they were fit to take up the medical curriculum. Only a limited number of scholarships would be open, and students coming from certain countries could be rejected, if they have a university in their own country. By these means the number of studdents would rapidly diminish, at least in Vienna, and we would also obtain selected material for taking up the medical career, much to the benefit of the profession and its scientific standard.

Public Health Items.

T-uberculosis
U-ndermines the family,
B-rings trouble and sorrow,
E-mpties the family purse,
R-educes many to poverty,
C-omes to the careless,
U-nfits for life's work,
L-imits life to months,
O-rphans many little children.
S-coffs at drugs,
I-solates from friends,
S-cores 4,000 deaths annually in Chicago.
—Bulletin Chicago Dept. of Health.

Preventable diseases are problems for all the people, and all the people should aid in finding an economic solution.

Flies are positively known to be spreaders of filth and disease . They abound at summer resorts because of an imperfect system of garbage and wastes disposal affords abundant opportunities for breeding of flies.

Swat the breeding places. Sprinkle kerosene over the garbage daily; sprinkle paris green solution over stable manure every day; use an abundance of chlorid of lime in the privy vault and pour kerosene down the drains occasionally.

The way to swat the fly is to swat the filth and the way to swat the filth is to swat the filth-maker. Now is the time to swat the filth-maker.—Illinois Medical Journal.

"The highest aim of scientific medicine today is the eradication of preventable disease and in the Solution of this problem all men who have the interest of the human race at heart can and do unite, regardless of medical schools or creed."—George M. Kober, M. D.

"To tens of thousands that are killed add hundreds of thousands that survive with feeble constitutions and millions that grow up with constitutions not so strong as they should be, and you will have some idea of the curse inflicted on their offspring by parents ignorant of the laws of health."—Herbert Spencer.

Shower Baths Preferred to Family Bathtub

If the wishes of the Harrison Board of Health are carried out shower baths will take the place of both tubs in apartment and tenement houses in that town. The health body by a unanimous vote, decided to discourage the use of bath tubs in such dwellings from a sanitary viewpoint.

Dr. Henry Allers, vice-president of the board who introduced the subject, explained that in some apartments and tenements where there are from three to a dozen families, conditions are such as render bath tubs insanitary and "breeders of disease." Dr. Allers advised the substitution of shower baths, on the ground that it would eliminate any possible chance of contagion. The board will distribute circulars requesting that in future shower baths be installed.

The Greatest Waste.

In any business, intelligent management attacks and eliminates waste. The government is a gigantic business enterprise, with an implied purpose of far greater import than dividends in money or stocks. Sickness is waste. The death-rate in the cities of this country is 15 per thousand; in rural districts 10 per thousand. This can be cut in half.—Dowling, in Bull. Texas State Board of Health.

Food Poisoning.

Food poisoning is rarely, if ever, ptomain poisoning; that is an intoxication due to a preformed poison of alkaloidal nature, derived from a breaking down of the protein in the food. The cases which have been carefully worked out in recent years have, on the contrary, proved to be due to infection with specific bacteria, or to intoxication with the toxins or synthetic products characteristic of these microbes.—C. E. A. Winslow.

Employees' Health Conference.

Representatives of local concerns employing about 25,000 persons, at a conference in the rooms of the Board of Trade, on June 25, under the auspices of the Newark Anti-Tuberculosis Association, discussed standardization of the medical examination of employees and the systematizing of the care of sick employees. Views were also exchanged as to the payment of employees while off duty on account of illness.

As a result of the conference, it was decided that a meeting would be held next September, when the abvisability of periodic examinations of employees under a uniform system will be

scussed. It was apparent from the state-ents made by the representatives that, while ery concern has made some provision for the re of employees, there is no uniform under-nding among the employers as to the ethods in vogue.

Drs. I. E. Gluckman and C. W. Craukshaw ok part in the discussions. Dr. T. W. Corwin esided.

Newark Museum Association.

President Franklin Murphy of this Associa-n recently appointed the executive commit-e. Dr. Archibald Mercer is chairman and Dr. illiam S. Disbrow is a member of it.

Infant Mortality in New York City.—Accord-g to a tabulation of W. H. Guifoy, registrar records of the Department of Health, New rk City, the death-rate per annum of chil-en under five years has fallen from 96,5 per 000 in 1891, to 61.3 in 1901, 43.8 in 1911 and .3 in 1913. For the summer months—June, ly and August—the death-rate of children der five years of age during the same period s 125.1 per 1,000 in 1891, 76.2 in 1901, 46.3 1911 and 38.8 in 1913. This redcution is lieved to be due largely to the use of pas-urized milk, but doubtless also to other hy-enic and sanitary measures adopted as the sult of a constant agitation, legislation and e efforts of the health authorities.

New York Health Department.

New York is witnessing a reorganization of s municipal Health Department. Health mmissioner Goldwater is to divide the func-ns of the department into five bureaus, hich will assure him a greater degree of per supervision. With this idea in mind, e commissioner has evolved a plan to stand-dize the various functions of the department, acing each under the jurisdiction of a re-onsible head.

These are the new positions and the bureaus hich were established for the Health Depart-ent by the Board of Estimate:

Director, Bureau of Infectious Diseases, ,000.

Director, Bureau of Child Hygiene, $5,000.

Director, Bureau of Hospitals, $5,000.

Director, Bureau of Food Inspection, $5,000.

Director, Bureau of Public Health Educa-on, $5,000.

After the action of the board has been con-rred in by the Board of Aldermen, it goes the Mayor for his approval. Under the civil rvice regulations, Health Commissioner oldwater can apply to have these new posi-ons placed in the exempt class, so that he n have a recognized specialist in charge of ch bureau. The bureau plan is regarded as step in the right direction to eliminate some the confusion, that has existed in the past, looking after the different health problems fecting the city.

This confusion was responsible for the many curring complaints of the "red tape" ethods in the administration of the depart-ent. The official status of some of the re-onsible heads in the department was defined d it led sometimes to complaints, which if t entirely justified had some basis in fact.

By having each bureau head officially estab-shed by the Board of Estimate and the Board of Aldermen, and defining the duties of each, will mark, it is believed, a new era in the ad-ministrative reforms of the Health Depart-ment, under Dr. Goldwater.

"Keep Cool" Hints.

"Helpful hints to keep cool" during the hot wave have been given by Assistant Surgeon-General Rucker of the public health service.

"First of all, don't overeat," said Dr. Rucker. "A furnace is not stoked in summer the way it is in winter. Partake sparingly of meats.

"Eat largely of fresh vegetables and fruits.

"Avoid alcoholic drink. Alcohol never made any one cooler.

"Be sparing in the use of ice water. Drink plenty of water, but not too cold, and have no ice in it."

In the matter of wearing apparel, Dr. Rucker advocated loose clothes of a light color and weight. "It is a significant fact," he said, "that women are much more sensible about clothes than men."

"Keep in the air as much as possible and in the shade," he continued. "In the matter of sleeping, stay out-of-doors. Screen off the porch if possible and sleep in the open."

Cold baths are to be avoided, according to the public health service physician. It is far better to bathe in lukewarm water in the sum-mer than in cold water. Sponge baths are ex-cellent for keeping cool, although too many should not be taken.

Hygiene and School Instruction.—The text-books offer a splendid field for instruction, and the time is not far distant when those classics in school literature, "Ned, can you hop?" and "What is in the nest?" will give way to epi-grammatic statements concerning the value of fresh air, the danger of the common drinking-cup and the roller towel, the importance of a pure water-supply, the relation between sew-age and disease, the contributing influence of alcoholic indulgence in the development of tu-berculosis, etc.—J. H. Landis, in Am. Jour. Pub. Health.

An Obligation.

Hygiene, in its broadest interpretation, in-cludes man's welfare in its totality. Health promotion because of this is a social obliga-tion—"for no man liveth to himself alone." The physician no longer bears the burden of protection or prevention. Insanitary condi-tions are due to the sins of the community and the sins of the individual, yet the individual bears a responsibility. His obligation is two-fold. The municipality may provide pure food and sanitary environments, but the individual is responsible for personal effort to keep him-self hygienically fit.—Dowling, in Bull. Texas State Board of Health.

"The government census figures show that in the last ten years more than two million five hundred thousand of the children born in this country died before reaching the age of one year. This, in terms of total population, is as if Chicago, the second city of the United States, were to be wiped out of existence every ten years, not a single life being saved. It means the annihilation, each decade, of a pop-ulation as large as that of the State of New

Jersey. To state the same fact differently, the deaths of infants under one year in this country during 1913 was nearly equal to the combined population of Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah and Nebraska."

Typhoid Death-Rate and the Army.—The death-rate from typhoid fever per hundred thousand population in the registration area of the United States during the year 1912 (the last report available) was 16.5. The absence of a single death from typhoid in the nearly 100,000 officers and men of the Army who were protected by vaccination contrasts favorably with the 16.5 deaths per an equal number of the general population.—C. C. Bass, M. D., in Am. Jour. Trop. Dis. and Prev. Med.

Bacteriological Standards for Milk.—"Public Health Reports," May 15, contains a partial list of cities and towns in the United States of 10,000 population and over which have adopted a bacteriologic standard of purity for milk and cream. The total population for the cities included in the table given in the report is 21,043,325. The maximum number of bacteria allowed per cubic centimeter ranges from 1,500,000 for cream and 1,000,000 for raw milk, down to 10,000.

Administrative Control of Milk Supply.

Dr. W. G. Savage of London, England, in a paper on this subject read before the National Conference on Infant Mortality, London, concludes as follows:

(1) Apart from chemical sophistication the essential sources of milk contamination are at the farm, and it is there that the main control must be exercised.

(2) Administrative control must be removed from the hands of the rural and small sanitary authorities, who are largely financially influenced in or by the milk trade.

(3) The urban population should contribute towards the expense of administration, since the benefits are mainly for the large towns.

(4) The cow-keeper must be educated up to the special obligation of milk production, both as regards special care and cleanliness and the liability of milk to transmit infectious disease.

(5) The consumer must be educated up to the appreciation of the value and importance of clean, pure milk.

(6) If the increased care in collection and transmission sends up the price of milk, this is not a good reason why these necessary steps should not be taken.

(7) The cost of production must be lowered by co-operation, while co-operation must be utilized to transmit milk in a proper condition.

Longevity in Indiana.—In the Indianapolis Star, May 17, Dr. William B. Clarke gives a long list of names of men and women who surpassed the age of 90, of whom forty-nine reached 100 or more. Of these, one lived to be 120, one was 119, another 115 and still another 114. Six died within a few weeks or months of the century mark. Eight centenarians died in 1912. Fifteen physicians reached ages between 87 and 100, five of whom are still living. One physician, Dr. Pierre Beaugrande, of Mishawaka, reached the centu mark, dying April 10, 1914. The next olde was Dr. W. H. Wishard of Indianapolis, w died December 9, 1913, at the age of 97 a some months.

Health of the Philippines.

The report of the Director of the Bure of Health for the Philippine Islands for 191 calls attention to the fact that the total nu ber of deaths last year was 60,000 less th during 1905. This reduction, which has sto for several years, has occurred almost entire among the preventable diseases, and therefo may be regarded as an index of the effect health work in the Philippines. It is furth stated that if the knowledge which is nc available could be applied, at least 100,0 deaths per annum additional might be avoid by reducing the ravages of tuberculosis, malar beriberi and its indirect effects, and the inte inal diseases.

BOARD OF HEALTH AND BUREAU C VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, May, 1914.

The number of deaths reported to the Sta Board of Health by the Bureau of Vital St tistics for the month ending May 10, 1914, w 3,395. By age periods there were 572 deat among infants under one year, 255 deaths children over one year and under five yea and 1,088 deaths of persons aged sixty yea and over..

A noticeable decrease is shown in the nu ber of deaths from the previous month, b a diminished mortality is expected at this se son of the year.

The causes of death showing a marked d crease are Diseases of the Nervous Syste Diseases of the Circulatory System and Di eases of the Repository System, the two form showing 100 deaths each, less than the pr ceding month and the latter about 300 les

The following table shows the number certificates of death received in the State Bu eau of Vital Statistics during the month en ing May 10, 1914, compared with the avera for the previous twelve months, the averag being given in parenthesis:

Typhoid fever, 11 (23); measles, 28 (21 scarlet fever, 43 (21); whooping cough, (36); Diphtheria, 32 (48); malarial fever, (1); tuberculosis of lungs, 331 (305); tube culosis of other organs, 49 (45); cancer, 1 (179); diseases of nervous system, 273 (310 diseases of circulatory system, 556 (488 diseases of respiratory system (pneumon and tuberculosis excepted) 240 (214); pne monia, 348 (255); infantile diarrhoea, (193); diseases of digestive system (infanti diarrhoea excepted), 198 (208); Bright's di ease, 239 (254); Suicide, 47 (38); all oth diseases or causes of death, 709 (682); tota 3,395 (3,321).

BUREAU OF CONTAGIOUS DISEASES AN SANITARY INSPECTION.

Reports of Communicable Diseases for April, 1914.

The reports of communicable diseases r ceived during the month of April, 1914, sho

increase of 642 cases over the number reported during the month of April, 1913. This increase is principally accounted for in the widespread prevalence of scarlet fever and the increased number of cases of chicken-pox reported.

Scarlet fever continued to prevail throughout the State to an unusual degree, 975 cases being reported, a decrease of 41 cases from the number reported during the preceding month, and an increase of 408 cases over the number reported during the month of April, 1913. Cases of scarlet fever were reported from each county in the State. Essex had the largest number, 333; Hudson had 192 and Mercer 112. Typhoid fever was reported from fifteen of the twenty-one counties. The counties from which no reports of typhoid fever were received were Cape May, Cumberland, Gloucester, Hunterdon, Sussex and Warren. Essex had 22 and Hudson 7. Diphtheria was reported from eighteen counties, a total of 412 cases, Cape May, Hunterdon and Warren being the only counties from which no cases were reported. Essex had 152, Hudson 95, Middlesex 3, Passaic 29. Smallpox was reported from Burlington County, one case; Monmouth County, one case; Ocean County, one case, and Passaic County, two cases.

Bacteriological Department.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 514; specimens examined from suspected cases of tuberculosis, 688; specimens examined from suspected cases of typhoid fever, 273; specimens examined from suspected cases of malaria, 44; miscellaneous specimens examined, 130; total, 1,649.

Division of Foods and Drugs—Laboratory of Hygiene.

During the month ending May 31, 1914, 657 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

The following samples were found to be below standard: 33 of the 418 samples of milk; 9 of the 11 of headache remedies; 8 of the 10 of tincture of iodine; 6 each of 20 of the water and 25 of spirits of camphor; 5 of the 17 of camphorated oil; all four of vermin exterminator; 3 of the 31 of witch hazel; 3 of the 9 of hydrogen peroxide; the 2 of cider vinegar; 3 of the 7 of essence of ginger; 1 of the 6 of butter; 1 of the 2 of cough remedy, and the 1 of toilet preparations.

The following articles were all above standard: The 39 of cream; the 27 of olive oil; the 6 each of bay rum, liniment and toilet waters; the one each of canned clams, vanillan, cod liver oil, health beverages, shampoo, soap, sore-throat remedy, tincture of opium, toilet cream and wood alcohol.

Thirty samples of oysters were examined during the month.

Two hundred and six samples of water in relation to oyster work were examined.

Bureau of Creamery and Dairy Inspection.

During the month 455 inspections were made as follows: 308 dairies, 28 creameries, 5 milk depots, 114 ice cream factories.

Number of dairies scoring above 60% of the perfect mark, 190; dairies scoring below 60% of the perfect mark, 103; dairies relinquishing the sale of milk, 15; ice cream factory licenses recommended, 13.

Twelve cow stables were disinfected on account of having housed tuberculous animals. These stables were located as follows: Hunterdon, 2; Mercer, 1; Sussex, 7; Warren, 2.

Thirty-two dairymen were given a specified time in which to improve their methods in handling milk. These dairies supply milk to the following municipalities: Atlantic City, Irvington, Jersey City, Perth Amboy, Ramsey, Ridgewood, N. J., and Philadelphia, Pa. The production and sale of milk was prohibited on nine dairies, the milk from which was distributed in Atlantic City, Irvington, Trenton and West Hoboken, N. J.

Requests were received from the following local boards of health for an inspection of their local milk supplies: Collingswood, Englewood, Haddonfield, Irvington, New Brunswick, Passaic, Princeton, Ramsey, Ridgewood, South Amboy, South Orange and West Hoboken. Inspectors of this bureau were also sent to Nichols, Tioga County; Whitney Point, Broome County, and Earlville, Madison County, New York, to inspect 102 dairies, part of whose supply is shipped to South Orange, N. J. The work was done at the request of that municipality.

During the month ending May 31, 1914, 199 inspections were made in 108 cities and towns. The largest number of inspections in towns having been: Trenton, 20; Newark, 16; Jersey City, 14; Camden, 11, and several 3 and 2 each.

During the month the following articles were inspected, but no samples were taken: Milk, 710; butter, 285; food, 884; drugs, 698.

Other inspections were made as follows: Milk wagons, 221; milk depots, 21; grocery stores, 270; drug stores, 96; slaughter-houses, 97; meat markets, 7; butter stores, 9; barber supply investigations, 14; confectionery stores, 4; creameries, 6; egg breaking establishments, 17; cold storage warehouses, 32.

Meat Inspection.

Beef—1 carcass passed, 1 carcass condemned.
Calves—1 carcass condemned.

Bureau of Food, Drugs, Water and Sewerage—Division of Water and Sewerage.

Total number of samples analyzed in the Water Laboratory, 239, as follows: Public water supplies, 130; State institution water supplies, 1; private water supplies, 19; bottled water supplies, 7; dairy water supplies, 1; ice samples, 2; sand samples, 2; trade wastes, 1; sewage samples, 72; miscellaneous samples, 4.

Water supplies and water purification plants inspected at Allentown, Asbury Park (Monmouth County Water Co.), Bound Brook, Bridgeton 3, Elizabeth, Franklin Furnace, Gloucester, Holly Beach, Millville (Millville Water Co.), Mount Holly, New Brunswick, Rahway (Rahway City Water Works), Raritan, Roebling, Swedesboro, Wildwood, Woodbury.

Inspections were made on the following watersheds: Atlantic City, Bernardsville, Bridgeton, Butler, Gloucester, Haledon, Salem, Washington.

Sewage disposal plants and sewerage systems inspected at Aldene, Asbury Park (Ross-Fenton Farm), Atlantic City 2, Bridgeton (2 plants), Brown's Mills 2, Cape May, Chatham-Madison 9, Collingswood, Far Hills (3 plants), Flemington, Franklin Furnace, Gibbsboro (John Lucas & Company), Haddonfield, Haddon Heights, Hightstown, Irvington, Jamesburg, Kenilworth (American Circular Loom Company), Keyport, Lakehurst, Lakewood, Long Branch (Seaboard Utilization Co.), Millville 2, Moorestown 2, Ocean City, Orange, Pemberton 2, Pleasantville (New Rodney Hotel), Princeton 3, Red Bank, Ridgewood, Riverside, Salem, Secaucus, Smith's Landing (Atlantic County Asylum for the Insane), Trenton (Agasote Millboard Company), Vineland 3, Wenonah (2 plants), Woodstown, Woodstown (Supplee-Alderney Dairy).

Investigations of sewage disposal plants and sewerage systems made at Atlantic City, Camden, Chatham, Hackensack, Moorestown, North Bergen. Special inspections and investigations made at Haddonfield (ice plant waste), Montrose, Pa. (creamery disposal plant), North Bergen (factory waste).

Stream inspections on the Delaware River and tributaries, Elizabeth River and tributaries, Hackensack River and tributary, Passaic River and tributary, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributary, Whippany River and tributary.

Number of stream pollutions reported, 78; reinspections of stream pollution made, 60; stream pollutions found abated, 29; notices to cease pollution issued, 18; cases referred to the Attorney General, 1; plans for sewage disposal plants, sewerage systems and extensions approved, 11; plans for sewage disposal plants, sewerage systems and extensions approved, 1; plans for water supply systems approved, 3; bottled water supplies approved, 2.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1914, the following articles have been accepted for inclusion with "N. N. R."

H. M. Alexander and Co.: Typhoid Vaccine, Immunizing.

Antiseptic Supply Co.: Causticks; Caustick Applicators; Cupricsticks; Stypticks.

Arlington Chemical Co.: Arlco Urease.

Comar and Cie: Electrargol.

Farbwerke Hoechst Co.: Amphotropin; Erepton.

Fairchild Bros. and Foster: Trypsin.

Franco-American Ferment Co.: Lactobacilline Tablets; Lactobacilline Liquide; Culture A; Lactobacilline Liquide, Culture D; Lactobacilline Liquide, Infant Culture; Lactobacilline Glycogene Tablets; Lactobacilline (Glycogene Liquide); Lactobacilline Milk Tablets; Lactobacilline Milk Ferment; Lactobacilline Suspension.

Hoffman-LaRoche Chemical Works: Thiocol; Syrup Thiocol, Roche; Thiocol Tablets.

Hynson, Westcott and Co.: Phenolsulphonephtholein, H. W. & Co.; Phenolsulphonephthalein Ampules, H. W. and Co.

Merck and Co.: Cerolin.

H. K. Mulford Co.: Acne Serabacterin; Anti-Anthrax Serum, Mulford; Antistreptococcus Serum Scarlatina, Mulford; Coli Serobacterin; Culture of Bulgarian Bacillus, Mulford; Disinfectant Kre los, Mulford; Neisser Serobacterin; Pneumo Serobacterin; Salicylos; Scarlatina Strepto Scrobacterin; Staphylo-Serobacterin; Straphylo Acne Serobacterin; Strepto Serobacterin; Typho-Serobacterin.

Riedel and Co.: New Bornyval.

Reinschild Chemical Co.: Phenolphthalein Agar.

E. R. Squibb and Sons: Sodium Biphosphate Squibb; Tetanus Antitoxin, Squibb; Tetanus Antitoxin. Squibb, 5000 Units.

Wm. R. Hubbert: Hiphtheric Antitoxin, Hubbert; Having been advised that Diphtheric Antitoxin, Hubbert was no longer on the market the Council Directed that it be omitted from future editions of New and Non-Official Remedies.

Riedel and Co.: Hexalet; At the request of the manufacturer the name Hexal in New and Non-Official Remedies has been changed to Hexalet.

Since publication of New and Non-Official Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies."

Sodium Biphosphate, Squibb.—This non-proprietary form of sodium acid phosphate has been accepted for inclusion with New and Non-Official Remedies. E. R. Squibb and Sons, New York.

Normal Horse Serum with Chloroform as a Preservative.—Marketed in vials, each containing 50 Cc. Normal Horse Serum without chloroform as a preservative.

Preservative.—Marketed in vials, each containing 50 Cc. H. M. Alexander and Co. Marietta, Pa. (Jour. A. M. A., May 2, 1914, p. 1401.)

Erepton.—A meat product consisting largely of the amino-acids produced by the digestion of meat. Erepton is said to be useful in cases in which it is necessary to substitute a perfectly digested food for the product of natural digestion in cases of gastric or intestinal indigestion and for the purposes of rectal alimentation. Farbwerke Hoechst Co., New York.

Acne Serobacterin, Mulford. This is a sensitized acne vaccine. Coli Serobacterin, Mulford.—This is a sensitized vaccine. Neisser Serobacterin, Mulford.—This is a sensitized gonococcic vaccine. Pneumo Serobacterin, Mulford.—This is a sensitized pneumococcic vaccine. Staphylo Acne Serobacterin, Mulford—This is a sensitized staphylo acne vaccine. H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., May 16, 1914, p. 1559.)

New Bornyval.—New bornyval is borneol isovaleryl glycolate, the isovaleryl glycolic acid ester of borneol. Being more resistant to the gastric fluids than bornyval, it passes the stomach unchanged and is said therefore to be less irritating than bornyval. Its properties are similar to those of bornyval and other valerian preparations. New bornyval is an almost tasteless and odorless liquid, insoluble in water. It is sold also in the form of Bornyval Pearls, each containing 4 minims of New Bornyval. Riedel and Co., New York (Jour A. M. A., May 23, 1914, p. 1637.)

Food for Thought.

"Accuse not nature: she hath done her part;
) thou but thine!" —Milton.

No great characters are formed in this world
ithout suffering and self denial.
—Matthew Henry.

The main token of a strong character is not
make known every change in thought and
eling, but to give the world the finished re-
lts.—Auerbach.

To do an evil action is base. To do a good
tion without incurring danger is common
ough, but it is the part of a good man to
) great and noble deeds, though he risks
erything.—Plutarch.

Failure is, in a sense, the highway to suc-
ss, inasmuch as every discovery of what is
lse leads us to seek earnestly after what is
ue, and every fresh experience points out
me form of error which we shall afterward
refully avoid.—John Keats.

It does not matter if the greatest thing for
u to do be not in itself great. The best prep-
ation for greatness comes in doing faithfully
e little things that lie nearest. The nearest
the greatest in most human lives.—David
arr Jordan.

Indolence.—If you ask me which is the real
reditary sin of human nature do you imag-
e I shall answer pride or luxury or ambition
egotism? No; I shall say indolence. Who
nquers indolence will conquer all the rest.—
hann von Zimmermann.

Be true to thy better self. The noblest thing
u ever did, the noblest emotion you ever
lt, the deepest and most self sacrificing love
er in your soul, that is your true self still
rough all the baser life into which you may
ve fallen.—Phillips Brooks.

What Is Home?

Some time ago a London magazine sent out
e thousand inquiries on the question, "What
home?" Eight hundred replies were re-
ived, out of which the following were se-
cted:

"Home—A world of strife shut out, a world
love shut in."

"Home—the place where the small are
eat, and the great small."

"Home—the father's kingdom, the mother's
orld and the children's paradise."

"Home—the place where we grumble the
ost and are loved the best."

"Home—the centre of affection round which
r heart's best wishes twine."

"Home—the place where our stomachs get
ree meals a day and our hearts get a thou-
nd."

"Home—the place on earth where the faults
d failings of humanity are hidden under the
veet mantle of charity."

Make the most of the time allotted to you. Mark how fleeting and paltry is the estate of man—yesterday in embryo, to-morrow a mummy or ashes. So, for the hair's breadth of time assigned to thee, live rationally and part with life cheerfully, as drops the ripe olive, extolling the season that bore it and the tree that matured it.—Marcus Aurelius.

There are four good habits—punctuality, accuracy, steadiness and dispatch. Without the first of these time is wasted. Without the second mistakes the most hurtful to our own credit and interest and that of others may be committed. Without the third nothing can be well done, and without the fourth opportunities of great advantage are lost which it is impossible to recall.—Exchange.

There are two of our own impulsive speeches or actions into which an enemy could not read some base motive, just as many a seemingly mad or reckless deed which shocks us when done by some one else, will be found, if closely inquired into, to be the outcome of an unusual combination of circumstances or of unfortunate moral environment.

Were we indeed only half as clever in finding excuses for the sins and mistakes of poor, weak human nature as we are in picking flaws and faults in it, we should have so much pity for others, as well as for ourselves, that we should all look upon evil-speaking, malice and uncharitableness as a sin against God. If you will only throw enough mud some of it must stick, says the proverb, and many a woman bears to her dying day a stain that she has done nothing to deserve which has been attached to her by some cruel, careless tongue.

Facetious Items.

"The microbes that I gather
From the lips of Mary Ann,
I transfer to a new abode
By simply kissing Fan;
And then from Fan to Jennie,
From Jennie on to Joe,
We keep the little microbes
Forever on the go."

"But surely Joe is not to blame,
Because his case began
With the guilty "Osculator"
Who first kissed Mary Ann."

Detected.—A capital story which Lord Minto used to delight in telling was of an experience he had while he was Viceroy of India. One morning in Simla he wanted to speak to the Commander-in-Chief of the Indian Army before the latter started work for the day, so he set off unattended to pay an early call. When he arrived at the Commander-in-Chief's official residence he found his way barred by a sentry, who apparently did not recognize the visitor.

Lord Minto explained that he wanted to see the Commander-in-Chief, but the sentry declined to allow him to pass.

"But I am the Viceroy," protested his lordship.

The sentry looked at him with a pitlying smile.

"Ah," he said, thoughtfully, "we gets all sorts 'ere. Last week we 'ad a cove what kidded 'isself 'e was Queen Victoriar's grandfather. We 'ad to put 'im in a strait-waistcoat, so you'd better push on. —Tit-Bits.

The Ultima Thule of Specialism.

At a meeting of physicians, one speaker was cynically deprecating the ultra-specialism of the age in medicine and surgery. Said he: "This rage for parceling out the human frame into special territories is passing all bounds. As it is, we have specialists for the nose, the throat, the ear, the lungs, the heart, the genito-urinary organs, the rectum, the mouth, the brain, etc. It seems to me, gentlemen, that it will not be long ere the specialist, like Alexander, will have to sigh for new regions to overcome. So far as I can see, the umbilicus is about the only portion of the human body not allotted to a specialist." Whereupon a grizzled, veteran practitioner, raising his hand, exclaimed: "Doctor, you're forgetting the naval hospitals!"

This story is vouched for by the Baltimore American. The following incident fell under the observation of one of the best-known members of the faculty of the Physicians and Surgeons' Medical College recently:

An Irish woman was ill—more seriously so than she had thought. On careful diagnosis it was found that extreme care was necessary in her case, so the attending physician said:

"I suspect it will be absolutely necessary for you to have a trained nurse."

"Oh, now, doctor!" exclaimed the patient, "do yez know that's been something I've alwez jist longed t' have in the house. It's alwez been me ambition t' have a trained nur'se at some time or another. But, doctor, honest t' goodness, I'm feelin' that bad jist now I don't belave I'll be able t' wait on wan of them!"

"Circumstances alter not only cases but words as well."

"Explain yourself."

"When the captain of a vessel ships a cook he hires him; but when a housewife ships her cook she fires her."—Boston Transcript.

"Yes, my wife told me if I stayed out late another night she'd go home to her mother."

"And so—"

"So I stayed out the next night."—Blooklyn Citizen.

Eugenic Note.

Susie (aged 6)—And when we grow up we'll be married, won't we, Tommy?

Tommy (sadly)—No, Susie, I can't marry into your family. Your papa has weak eyes and your auntie has spasms.—Free Lance.

Dietetic Note.

Master Walter, aged five, had eaten the soft portions of his toast at breakfast, and piled the crusts on his plate.

"When I was a little boy," remarked his father, who sat opposite him, "I always ate the crusts of my toast."

"Did you like them?" inquired his offsprin cheerfully.

"Yes," replied the parent.

"You may have these," said Master Walt pushing his plate across the table.—Hygie and The Child.

Freddy was six and went to a school. O day when he came home his father said him:

"Freddy, I hear you are at the bottom your class."

Then Freddy said: "It makes no matt whether I am at the bottom or the top of t class, does it? They teach the same at bo ends."—Western Christian Advocate.

"I've been wondering about you," said o lawyer to another, meeting him on the stre

"What were you wondering about me?"

"Well, I heard you address a jury and have thought that you were the most eloque man in Cleveland. Then I've heard you ma an after-dinner speech at a banquet, and y were—pardon me—pretty rotten. Now, h is that?"

"I'll tell you. When I'm talking to a ju my dinner depended on my speech. When I' talking to a bunch of diners I've already h my dinner."—Cleveland Plain Dealer.

"Are you much hurted, Tim?" inquired friend. "Do ye want a dochter?"

"A dochter, ye know nothin'. After bei runned over be a throlley car? Phwhat want is a lawyer."

Bill—And you say they ran away to g married?

Jill—That's what they did.

"And her father—did he follow them?"

"Sure thing."

"And did he catch up with them?"

"He certainly did. Why, he's living wit them yet!"—Yonkers Statesman.

Too Common for Her.—"So you have decide to call in another doctor?"

"I have," was the reply. "The absurdity the man prescribing linseed-tea and mustar plasters for people of our position!"

ASSISTANT PHYSICIANS WANTED—A com petitive written examination will be held at Th New Jersey State Hospital at Morris Plains, o Wednesday, July 15th, 1914, at 10.30 A. M., fo the position of two junior assistant physician salary $1,000 per year, with board, room and wash ing. Candidates to be eligible must be graduate in medicine, unmarried and present diplomas o day of examination. Send references and photo graph without delay. Subjects for examination Anatomy and physiology, materia medica an therapeutics, obstetrics and gynecology, practice surgery and mental and nervous diseases. Ho pital experience and general qualifications will b taken into consideration. Send application to Dr B. D. Evans, Medical Director, The New Jerse State Hospital, Greystone Park, Morris County New Jersey.

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THE CONSERVATION OF CHILD LIFE.

Presidential Address, delivered at the joint session of the New Jersey State Pediatric Society and the Medical Society of New Jersey, Spring Lake, N. J., June 29th, 1914.

By Martin J. Synnott, A.M. ,M.D.,
Montclair, N. J.

President of the New Jersey State Pediatric Society.

Many factors influence the conservation of child life:—heredity, the physical and moral qualifications of the parents, early care, environment and training, the school period, and finally the right preparation for marriage and the begetting of offsprings, along with the proper appreciation of the civic and moral responsibility which this entails. So that we have a circular chain to consider, each link of which is necessary for the continuity of the whole. Shakespeare's seven ages of man are all affected by parental influences, or in turn influence future generations.

PRENATAL CARE.

The latest reports of the U. S. Bureau of the Census on mortality statistics show that slightly more than 42 per cent. of all the infants who die, do so during the first year of life, and that of this 42 per cent. almost seven-tenths die as a result of conditions existing before birth or of injury and accident at birth. These facts show the importance of proper prenatal care.

The excretory organs of a pregnant woman,—the bowels, kidneys, and skin,—should be kept in the best possible condition, because during pregnancy the mother must get rid of not only her own waste products, but also those of the unborn child. It will be found, therefore, that a light, laxative diet, which is at the same time satisfying and nutritious, will best tend to keep her in health. An ideal diet includes a relatively large proportion of liquids, a small portion of meats, and a correspondingly generous proportion of fresh fruits and vegetables.

Measures to prevent constipation: exercise for at least two hours of each day in the open air, and as much more as possible; proper clothing, sufficient to keep the body suitably warm in order to maintain an even circulation of blood and to keep the sweat glands active; plenty of fresh air night and day; these are the points the physician should most emphasize. He should also instruct the prospective mother in the proper care of the breasts and nipples, informing her that it should be her hope, as well as her first duty, to nurse the coming baby. With this object in mind these organs should be carefully looked after. Ample room for the development of the breasts should be allowed at all times by loose clothing. Special measures to remedy retraction of the nipples should be carefully inculcated; also the care of the teeth, which seem to be more susceptible to decay during pregnancy than ordinarily,—owing to the demand for lime salts needed to build up the child's skeleton, and partly to the effect acid regurgitation, causing cavity-formation and loosening.

Nausea and vomiting, "the morning sickness," heartburn, varicose veins, hemorrhoids, cramps, leucorrhoea, all may require advice or appropriate treatment. A contracted pelvis should be recognized, and labor induced early if the pelvimetric measurements show danger.

Many, if not most of the complications of pregnancy, including toxemia, eclampsia and miscarriage, are preventable, and the expectant mother should be instructed to

keep in close touch with her physician so that danger signs will be promptly recognized.

INFANT FEEDING.

It goes without saying that natural feeding for the newly-born infant is the best method, and that every mother should nurse her baby. Pediatricians properly lay great stress on this point, and many go so far as to assert that it is always possible. This has not been my experience, however, and I have seen many failures in maternal nursing where all conditions were favorable and where the mother made determined and conscientious efforts, even to the point of keeping up the attempts until the baby's nutrition had suffered. I have seen several such failures in the families of doctors who were personally much in favor of natural feeding.

The Germans claim that the secretion of milk in the mother's breast is caused by the action of certain hormones of the placenta and ovaries, which have been active during pregnancy, so that at the time of confinement milk is already present in sufficient quantity. The further secretion is then stimulated by the normal irritation of the baby's attempts at nursing. If the child is not put to the breast the secretion will stop. If this theory is correct, by applying organotherapy and introducing into the organism placental extract, it may be possible yet to stimulate maternal milk secretion in a practical manner, and even eventually produce male wet nurses.

We must all agree that nothing should be left undone to enable the mother to nurse her child, because the prognosis in so far as the baby's life is concerned, is so much better; in the event of sickness, the resisting power much greater; and greater immunity produced against infection and contagion. When the first infection comes, or the first serious illness arises in the artificially fed, the child loses weight often in a frightful way,—and collapse may result from comparatively simple ailments.

We must not overlook the fact that the secretion or better outflow of breast milk is governed by the nervous system. This is demonstrated by the sudden loss of the function after excitement, shock or depression, even if the mother has the best will to obey the advice of her doctor. We cannot overcome this difficulty, and so it happens that the mother in spite of her good intentions, cannot nurse because the outflow is blocked by nervous influence. Improvement in such cases can only be expected from suggestive treatment; if the mother has confidence in you as her physician, prescribe any preparation, praise it highly, and the further judicious suggestion on the part of the attendant that the mother is capable of providing milk for her child if she but will, will often have a good effect.

It may be well at this place to caution against any elaborate preparation of the female breast, as was formerly done with applications of tannic acid or alcohol. The effect of these is just contrary to what is wished, as they render the breast more liable to abrasions which make nursing uncomfortable and often painful to the mother. All that we demand of the mothers is cleanliness. No special diet is necessary for the nursing mother,—merely sufficient nourishment.

One cause of maternal failure in breast feeding is the misrelation between the mother's breasts and the baby, and the fact that we cannot suit the condition of the breast to the child; as a result congestion of the milk glands may occur. An abundantly secreting breast is often an indication that the mother will not nurse for a long period. In spite of this, one should never believe in a contra-indication and in no case should one neglect to put the infant to the breast. The shortest period during which the mother nurses is almost always a profit, and an artificial feeding will have better results the longer the baby was naturally fed. Even one week is of importance.

During this week the physiological bacterial flora will develop. On the first day the first invasion of bacteria takes place in the child's previously aseptic intestinal tract. This invasion results from the mouth and then the bacteria grow through the entire canal covering all walls. Normally these bacteria are harmless, and constitute the "physiological intestinal bacterial flora." In the upper part of the intestine we find Bac. aerogenes, in the middle part coli, and in the lowest part the Bac. bifidus, the latter almost exclusively.

Only the nursling fed with mother's milk has this specific flora which is never observed after feeding with other substances as can be readily proved in the laboratory.

ARTIFICIAL FEEDING.

Not every infant, however, will thrive and develop on its mother's milk. For others the supply is insufficient, and for still others there is none at all. In such cases substitute feeding must be provided. The pediatricians of the Charlottenburg Kais-

erin Augusta Victoria Children's Hospital of Berlin, where the children are under observation from the first moment, have taught us much about artificial feeding, but their work is unnecessarily complex. Their formulae are more than artificial. They are artistic. They are ultra scientific and too involved to be practical outside of a hospital with a well-equipped food laboratory.

In our country, on the contrary, we have of late years been cultivating simplicity, recognizing a few basic principles; and the superfatted mixtures, the excessive sugar percentages, have now been pretty generally abandoned. Methods of modifying milk that call for complex formulas often fail to give good results owing to the difficulty in having directions for such modifications properly carried out.

There is a distinct advantage to the physician, to the mother and to the baby in the employment of the simplest measures that will produce a mixture upon which the baby will thrive.

Our aim should be to avoid complicated mixtures and to reduce the whole matter to a very simple and easily understood proposition for both mother and nurse. Scientific principles need not be sacrificed, and the physician must himself know the percentage amounts of fat, protein, and carbohydrate in the mixture, as well as the caloric value of each ounce of food. Requirements of infant feeding are thus met in a simple, rational and scientific way.

The successful feeder of children might adopt for his motto the quotation from Horace's "Ars Poetica",—

"Be not the first by whom the new are tried,
Nor yet the last to lay the old aside."

THE PROPAGANDA FOR PURE MILK.

It should be the aim of every physician to use his influence as a medical man and a citizen to improve the milk supply of his community. The propaganda for pure milk is necessarily mainly an educational one. The public must be taught its importance, and this is where the physician's influence counts. The American Association of Medical Milk Commissions, when it drew up and adopted its classical "Methods and Standards for the Production and Distribution of Certified Milk," did an excellent thing in showing us just what the essential factors are. But the establishing of medical milk commissions does not by any means solve the problem. A code to be effectual must be mandatory, and a scoring system should be adopted with the understanding that the producer who does not reach a certain specified percentage should not be allowed to call his product "Certified." Voluntary inspections of dairies by busy medical practitioners are bound to be few and far between, and when they are made, are apt to be hurried and inefficient. The inspections should be made by paid inspectors at regular intervals; funds for such work to be raised by the imposition of a bottle tax upon the dairymen.

Better than Certified Medical Milk Commissions, it seems to the writer would be efficient State control by a department of the State Board of Health, which, with competent paid inspectors, would take over the classification of the out-put of the various dairies, grade them according to percentages obtained by scoring, and reject all supplies which do not come up to certain minimum requirements.

STERILIZATION.

The matter of heating milk is an interesting one. If we take nature for our guide it is evident that a baby was intended to have germ-free milk for the first months, or until the weaning period is reached, since breast milk from a healthy mother is practically sterile. For our artificially fed babies, however, it is impossible to obtain a bacteriologically clean milk. The sources of contamination in commercial milk are so numerous that the task of eliminating impurities from it is almost a hopeless riddle. The channels of food infection are innumerable:—flies, insects, manure, hairs from the cows, sweat and dirt from the milkers' hands. Until we are able to secure fresh pure milk for our babies who are not breast fed, the problems of early nutrition will remain complex and involved. It is true that by pasteurization and sterilization we are able to destroy most of the micro-organisms, but the evil is only partly removed thereby. Chemical changes resulting from bacterial activity before heating the milk may have produced toxins and other changes rendering it harmful if not unfit for consumption. Besides, boiling does not destroy all bacterial spores, and unless the milk is kept at a very low temperature, these soon take on activity and develop rapidly into fresh colonies. Again, some very virulent bacteria,—certain strains of streptococci,—have been known to resist very high degrees of heat.

Until such time as we can get fresh pure milk, I shall be opposed to raw milk for young babies, because I believe heating the

milk not only destroys most of the bacteria, but makes it more digestible for the baby. I believe the objections to cooked milk are exaggerated, and that its greater safety far outweighs any possible injury to its nutritive properties from heating. The enzymes about which we used to hear so much, and which boiling was alleged to destroy, we have been shown by Lane-Claypon and others, are, for the most part, the products of bacterial contamination after milking.

IMMUNITY.

It has been stated by numerous observers that babies fed for a long period on sterile milk and other sterile food, have less resisting power to various infections than babies not so carefully fed; and that babies fed on sterile food are particularly prone to tuberculosis. I am coming to this belief myself. Within the past three months I have seen two cases of this kind; —the first a baby fed from birth most carefully on sterile food, most of the time prepared in the laboratory, died at 15 months from tuberculous peritonitis, which diagnosis was confirmed by autopsy; the second a case of tuberculosis of the spine at two years, in a case fed with equal care from birth on sterile food.

Our knowledge of immunity teaches us that when bacteria are introduced in the tissues they set up a reaction which in turn results in the elaboration of anti-bacterial and immunizing substances in the organism more than sufficient to destroy the invading microbe, providing the infection has not been too virulent; and when recovery takes place the individual will have in his organism an excess of these substances rendering him immune to this particular infection for a longer or shorter period. We also know that when dead microbes are inoculated parenterally into our bodies, they stimulate the production of immunizing substances in the tissues where they are injected. Upon this phenomenon depends the science of vaccine therapy, which has done so much in combating various infectious processes, and in immunization against typhoid fever and other diseases.

The experiments of Sir Almroth E. Wright and other scientific men show that immunity may be acquired by bacterial invasion of the intestinal tract, as well as by other channels, and that the presence of live microbes in the intestinal tract undoubtedly produces immunizing responses in the organism. While, therefore, there is good reason for giving young babies sterile food, this plan should not be kept up too long, and after 6 to 9 months, the child should be gradually accustomed to raw milk, providing it is clean and fresh, and from healthy cows.

WET NURSES.

In selecting a wet nurse, many considerations are involved:—she must be free from disease,—Wassermann and Von Pirquet tests should be made,—she must have no home ties to interfere with her duties as foster-mother, and she must be moral. In selecting a nurse for a small baby, we take one with small breast glands, while for a strong nursling, on account of its greater needs, a nurse with milk-rich glands must be provided. This is important.

THE ABNORMAL MOTHER.

One of the greatest handicaps a baby can have is an abnormal mother. We are all familiar with the various types; the timid and inexperienced mother who calls us up on the telephone sometimes once or twice daily for advice on the most trivial matters; the vacillating mother who listens to her neighbors and is ready to try some new food every day if advised to do so, no matter how irresponsible her advisers may be; the conceited mother, who having read some work on the care and feeding of babies, thinks she knows it all; and so on ad lib. Some of these women, with patience on the part of the physician, may be educated and taught self-control; others may be intimidated or brow-beaten into submission; others, fortunately the smallest number, are hopeless, and the sooner they leave one, as they are pretty sure to do, the better for our peace of mind. Their unfortunate offspring, unless by a special dispensation of a kind Providence, are doomed to an early athreptic death or to a neurotic existence.

FREQUENCY OF FEEDING.

Many children are born with hereditary pathological conditions or disturbances, as can be observed from the first day. Some infants thrive and develop constantly,—others more slowly, even though the conditions are equally favorable. Thus it is characteristic for the normal infant to rest quietly most of the time; only occasionally, when wet or hungry, will it cry. Otherwise it will hardly be noticed. On the other hand infants are found crying without reason, although kept warm and dry.

These restless infants are descendants of neuropathic parents, (of course severe pathological changes must be excluded), and this justifies a classification into normal and sensitive babies.

Reasons for the continuous crying and for the restlessness cannot be found. The slightest irritation is sufficient to cause great excitement.

Often the mothers of such continuously crying neuropathic individuals put their nurslings repeatedly to the breast, 8 to 10 times a day. This is a great mistake since such babies form bad habits readily, and consequently the foundation is laid for greater difficulties in the future.

The normal number of feedings in 24 hours is five for the ideally developed infant, that is to say every four hours. Unfortunately not all babies are normal average individuals. A few are satisfied with four meals. If one will proceed more cautiously the child may be given the breast six times a day (3 hour intervals) with a pause of 8 hours during the night. With the amount taken during these periods the normal infant will be in equilibrium. In this the Germans differ from the French, who give the breast to the child at least ten times a day, a procedure which makes nursing a very disagreeable function for the mothers.

The Germans claim that the "inanition fever" of Holt is not due to inanition but deficiency of fluid. Experiments at Charlottenburg demonstrates that children survive starvation for three weeks without fever, if enough fluid is given in the form of tea decoction or boiled water (150-250 c. c. daily).

PHYSICAL EXAMINATIONS.

When called upon to see a baby for the first time a careful physical examination should be made, and a record of our findings preserved. Of importance is the relative circumference of the head and chest. Both are approximately equal with an ideal child; the skull perhaps prevails a little. In case of a too large head, abnormal conditions are present, and this finding points to some congenital defect, such as hydrocephalus, rickets, or syphilis. On the other hand, the chest circumference may be pathological, perhaps, from thymus, or mediostinal tumors. Of less importance is the length of the body.

Then the temperature is taken, and the character of the stool noted,—sometimes a laboratory examination being of value. But one cannot make a diagnosis by examination of the stools alone, as some enthusiasts claim.

The mouth must be examined. We have, by the way, entirely discarded the old routine methods of cleaning this cavity and only under observation of the aseptic rules. The mother and nurse are to be cautioned against the use of boracic acid solutions in the mouth and nostrils, and against using nursing nipples fresh from saturated boric solutions. Dr. Coit has taught us how prolific a source of trouble this is. In older children the teeth are to be examined for caries, and the tonsils and naso-pharynx for evidence of disease or obstruction from adenoids.

THE CALORIC METHOD.

One serious drawback in the percentage method of feeding in the past has been that it gave us no definite guide as to an infant's digestive capabilities. When a feeding case came to our attention for the first time, we had, under this method, no definite guide in the selection of an initial formula. Consequently in order to be conservative, it was our custom to write out a very weak formula under which the baby lost weight rapidly, or at any rate, did not gain. In this way valuable time was often lost.

The Caloric Method of feeding, which takes the child's body weight as a basis, I have found of very great value in obviating this difficulty and in enabling me to rapidly determine upon a proper initial formula in a given case. It is simple to acquire, and only a very little effort of the memory is necessary to master the essential requirements of the system in order to put it into practical use.

CARE AFTER THE FIRST YEAR.

The physician's care should not cease with the nursling, but should extend along subsequent periods of development. Mothers should be taught to keep their babies under careful competent medical supervision for at least the first three years of life. This they are gradually learning to do, and physicians whose experience, training, or temperament, do not qualify them for infant feeding, would do well to recognize this fact in time, and refer at least then difficult cases to men who have special knowledge and skill in this specialty. It is a matter of almost weekly experience for the pediatrist to see one or more cases of mal-nutrition, poor athreptic, wizened up, crying mummies,—at six months weighing two or three pounds less than at birth; to which some general practitioner has been feeding various proprietary foods, or impossible modified milk formulae,—containing fat and sugar percentages beyond all reason.

INSTITUTIONAL CARE OF INFANTS.

The statement has been made by certain superficial investigators, that hospitals, foundling institutions, and children's wards, tend to increase infant mortality rather than reduce it, and that sick infants can be better treated in their homes, even though these homes be very poor ones. Such criticism is as thoughtless as it is unjust. It would be better to study the defects and shortcomings of institutional care with the idea of remedying them rather than to condemn offhand. Hospital mortality is due to conditions readily understood. One cause is the failure of the physician to recognize the fact that very many of the more serious conditions of infancy must have hospital care and treatment if life is to be saved. The foolish attempts at treating such cases in their homes, waiting to send them to the hospitals until the symptoms are so bad that the condition is practically a hopeless one, is a factor often overlooked by those who compile hospital statistics.

In foundling hospitals, likewise, many infants are received in a moribund condition from exposure, neglect and malnutrition.

Children's hospitals and clinics are of value in gathering statistics, in studying sociological and economic conditions, illegitimacy, and many other factors influencing the viability of our infant population. The best methods of infant feeding have been elaborated in such institutions, and many of our old views shown to be erroneous; for instance, as recently as five years ago we thought that the proteids of the cow's milk were responsible for most of our difficulties and failures in artificial feeding, whereas recent studies, carried out in our hospitals, have shown that the proteids are seldom at fault, but that it is much more often the fats or the sugars which are to be blamed, and that our attempts to render the proteids more digestible by the addition of various diluents, and peptonizing did nothing except to make our formulae needlessly complex.

It is true that many of the diseases of children may be treated equally well in the general hospitals, but these institutions lack the trained infant nursing, and the special knowledge of feeding and other problems which the after care of these patients require if they are to be saved.

Not the least important work done by the Babies' Hospital directly affecting the problem of infant mortality, is the instruction of nurses. The efficiency of any nurse with good sense in instructing an ignorant mother in many things relating to the care and feeding of her baby, is immensely increased if she has had the advantage of a training in a babies' hospital.

SEX HYGIENE.

The movement to introduce instruction in matters of sex into the curriculum of public schools, is only another expression of a prevailing purpose to establish in the school a dumping ground for the discharge of duties and offices that should be restricted to the home. Besides we must not forget that mental enlightenment, as such, is altogether inadequate to afford the moral check sought for by our hygienists. "I see the better and follow the worse," said Ovid. Sex instruction does not necessarily bring about self restraint. It bestows light, but it does not impart power. And it is precisely an increase of moral potency that is essentially called for. We should therefore teach the children that morality, not so much as hygiene, is the absolute essential for a chaste and happy marriage. We should teach them the commandments of God rather than the physiology of sex, and emphasize morals more than hygiene. What instructions is to be given to boys and girls should be given in the home and by the Church.

Knowledge does not necessarily mean virtue. The Spartan boys and girls were taught all the mysteries of sex at an early age, but such instruction did not conduce to morality or to a race of lasting physical or mental excellence.

A boy leaving home for the first time, for college or business, should be warned plainly by his father of the dangers that beset him in the world and of the penalties he may have to pay if he wanders from the straight and narrow path. And a young girl, beginning to go into society for the first time, should be told by her watchful mother of the charms of modesty, and what types of young men she should avoid.

But the writer has no patience with those who would entrust to immature young men and woman employed as public school teachers, the task of instructing growing boys and girls in sex matters,—thus starting their thoughts wandering in dubious channels, when they should be given to baseball, tennis, and other healthful sports and recreations.

In this connection a word as to Co-education may be timely. I believe this should be avoided where possible, and men teachers provided for boys, and women teachers

for girls, after the age of puberty has been passed.

EUGENICS.

This paper would not be complete unless it contained a reference to our latest panacea—Eugenics. The author has no desire to enlist in the army of faddists who have undertaken to supply biological remedies for the social ills of mankind, and who blame heredity for all our ills. We are told that if only the unfit could be prevented from having children, there would be no weaklings or criminals in the race, and the millenium would soon be here. We should, therefore, prevent the unfit from propagating themselves and their kind, and develop our laws until we eliminate such people from our population. As it is, our gaols and our asylums are over-crowded, our criminals and our insane are increasing faster than the population, etc., etc.

Earnest and sincere men applying eugenic knowledge to the affairs of men, are prone to forget that too strict devotion to one science narrows their outlook, and that while meaning to do good, they are in reality doing much harm. They forget that unfavorable environment is often a more important factor than heredity. Thus, criminal parents have criminal children, not necessarily because of heredity, but quite as much, if not more, because the environment tends towards criminality.

Those much intent on heredity in order to illustrate how much good heredity counts for, quote the case of a famous college president, of whose descendants 200 have been traced, two-thirds of whom are noted for having done something well worth while. They quote this as proof beyond doubt that all that is needed is to have people rightly born, and then good comes out of it instead of evil, and the evil in the world will soon be all eradicated. But unfortunately in this instance subsequent investigations showed that the grandmother of this college president was an adulteress and the sister of two murderers.

According to eugenics, this family evidently should have stopped right there, as little could be hoped for from that stem. Fortunately eugenics were not in vogue until later, and so we had the advantage of a great educator, and the nation has had the benefit of his descendants these many years. Once, I believe, when the great Dr. Johnson proposed marriage to a young woman, she said that she would not accept him before telling him that she had had an uncle who was hanged. He replied in his own blunt way, "Oh, that's nothing; I have two that ought to be hanged."

I believe that any direct legislative interference with the freedom of marriage is not only totally unnecessary but would be a much greater source of danger to morals and to the well being of humanity than the mere temporary evils it seems to cure.

Our knowledge of biology is only just beginning. After much pretended knowledge, we are just ready to admit our deep ignorance of it. Many a weakling child has grown up to be a very valuable factor for the race. Newton was so delicate that his mother, only by the greatest care and solicitude, succeeded in keeping him alive. The children of delicate parents have often proved to be very healthy and hearty. The children of very healthy parents, for no reason that we can trace, have often proved to be weaklings or have developed degenerative tendencies.

We have, on the other hand, an immense number of social ills that are much more responsible for criminality, tendencies to insanity, and the birth of weakling children than heredity is. These social ills need to be reformed. What we need is co-operation in the use of all the natural means at hand for the alleviation of social complaints.

The most we should attempt to do at the present time is to prevent persons known to have syphilis, venereal disease, tuberculosis, or other infectious diseases, from marrying But this can be accomplished better by moral education and persuasion from the physician than by enforced laboratory tests like the Wassermann, prescribed by legislation. How utterly inadequate such tests are is shown by the fact that men have contracted syphilis and gonorrhoea the very night before marriage as the result of post-prandial dissipation following a farewell bachelor dinner.

RESUME.

Statistics show us that while with our modern methods we are saving more babies than formerly, we have not yet succeeded in lengthening the effective life very much; that while the expectancy of life under the age of five years is eleven years longer than it was a generation ago, and life continues in its expectancy to be higher up to the age of forty, above that it is lower than it used to be. We are keeping alive the children who used to die under the age of five, but more die between the ages of twenty and thirty or are crowding our insane asylums and sanatoriums of all kinds. Or they are

dying from the degenerative diseases shortly after forty, and a greater number than ever before, just when they ought to be the most efficient members of society. To quote a German cynical philosopher, "in spite of all our best efforts, eugenics included, life continues to be at best a dangerous thing, and very few of us get out of it alive."

DISCUSSION.

Dr. Henry L. Coit, Newark, said: During the past year there were born in the United States one million children and during this period nearly 225,000 infants perished before they reached the end of their first year.

Conservation of child life means prevention of unnecessary waste of life; it means the reduction of preventable deaths. Thus we find that probably one-half of the total deaths could be prevented by prophylactic measures applied to the living. We learn how to do this work by thoughtful and well directed efforts applied to the individual baby: First in the hospital and in institutions where infants can be studied and aided by the research laboratory where scientific problems are worked out. The problem of saving the enormous waste in infant life will, however, never be solved by working on the individual child. It can be done in a comprehensive way by the State and Federal Government with machinery that is specifically made for it.

When there is a high mortality among little animals, no one suggests that we limit the work of prevention to the immediate environment of the individual animal, but remedies are sought through the authority behind and over the live stock on the farm so that the housin, if defective, shall be corrected; the food, if contaminated, shall be protected; inhousing, if defective, shall be corrected; the hygiene, if live stock. So in the matter of Infant Mortality: While education is fundamental, it must be properly applied where it will do the most good.

Efforts spent on the individual mother in the interest of the individual child are useful, but very expensive, and, when applied to the poor and illiterate, require line upon line and precept upon precept, resulting in only a partial ability on her part to correct the conditions which make her breasts dry and her home devoid of the common comforts and necessities for the child's safety.

To accomplish permanent results in conserving the waste of child life, we must attack: First, individual impecuniousness that will not require proficiency in labor nor allow a living wage to insure the family support without antenatal and postnatal maternal labor. Second, commercial selfishness and greed which is responsible for the high cost of living and will not protect food supplies from danger of infection or dishonest food values. Third, official chicanery that will not use municipal funds for the improvement of the social and sanitary well-being of the citizen. Fourth, governmental short-sightedness which spends millions on the conservation of timber and thousands only on the most vital question of human life and its conservation in the foundation period of childhood.

For gross results we must act through the authorities behind the problems of ignorance and poverty, the construction of homes, the purity of food supply, the means of preventing the spread of disease and the education of the community through the school, the press and the forum on the principles of healthy human life.

We must educate the masses, who, when enlightened, will demand of the lawmakers and of the masters of our communities a revolution in all that makes for life and health.

The conservation of child life is not so much a question of mortality or of economics as it is a question of social justice.

THE INFANCY OF MIGRAINE AND ARTERIOSCLEROSIS.*

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The increasing importance of the heart-artery-kidney syndrome as a cause of death, and the great suffering caused by migraine, make valuable any means that would tend to postpone or prevent these conditions.

It has seemed to me that there is a certain type of infant that is especially prone to suffer from migraine and early arteriosclerosis later in life. It is not possible for many physicians to watch any one individual for fifty years or more, so in order to study this hypothesis it is necessary to work backwards, i. e., to get the infantile history of a person who may have reached forty years of age. If the mother is living, she is the most valuable source of information. These infants suffer from convulsions, or recurrent, periodical, cyclic vomiting. In childhood they are prone to enuresis, and to suffer from cold skin, with chilly feelings, and from mental and physical irritability or supersensitiveness. Later in life they are apt to have neurasthenia, or epilepsy, or certain forms of insanity, or inebriety. They also easily get into alcohol, morphine or other drug habits, and they are fairly certain to suffer from migraine or early arteriosclerosis, or both. Those infants who have congenital syphilis, or the stigmata of degeneration, are not included in this class of cases.

Some infants are prone to have convulsions. These convulsions are not always due to the same exciting cause, even in the same infant. In some infants, fright,

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shock, fever, indigestion, a constipated movement or the initial chill of an infectious disease will cause a convulsion. The same things in many more other infants do not cause convulsions. These infants that are so prone to have convulsions sometimes go on to have them more and more frequently, and from slighter and slighter causes, until they got into the so-called "convulsive habit," which is probably true epilepsy.

I cannot tell the difference between the convulsions in infancy that are true epileptic seizures and those that are not, if indeed there is any difference. Out of 460 cases of epilepsy in children analyzed by Osler, 74 began in the first year and 229 in the first five years, so it is quite possible that some of the convulsions in early infancy, especially those that seem to come without cause, are true epileptic seizures. Sir William Gowers states that one-eighth of all cases of epilepsy commence during the first three years of life. It seems true that infantile convulsions that are not truly epileptic do not merge into epilepsy; nevertheless, this type of child is more apt to develop epilepsy later in life than a normal child. If infantile convulsions occur at frequent intervals with a sort of irregular regularity; if the different seizures are very similar to each other, and if they come without fever or other apparent exciting cause, they are probably true epilepsy.

If these infants who have been prone to have convulsions from slight causes escape epilepsy and grow to adolescence, it is not uncommon to find that they lack the power of mental concentration. Prolonged mental exertion brings on headache and extreme weariness, even when there is no eye trouble or intestinal auto-intoxication.

The cyclic, or recurrent vomiting of little children is another manifestation of this condition. In nearly all cases it has been preceded by infantile convulsions, and in nearly all cases it is followed by migraine later in life, if the child lives. If the child is old enough it will describe premonitory symptoms, or its mother will notice an irritability, a lassitude, or a nervousness before the attacks, similar to those preceding migraine in the adult and sometimes not unlike the premonitory signs of an attack of epilepsy.

Enuresis in childhood is frequent in this type. Many of these children suffer from a coldness of the surface and chilly feelings. It is difficult to keep them warm, even when they are not anaemic. In other words, the arterioles of the skin are in a more or less constant state of spasm. This condition of spasm often persists into adult life and results in early arteriosclerosis. Many adult patients, in whom arteriosclerosis appears early, will remember, on being questioned, having been of a cold and chilly nature in childhood and fond of hugging the fire when other children were playing out of doors. Sometimes such a history can be obtained from the mother, if she is living. These children dislike the water and do not react well from a cool or cold bath.

We know, or think we know, that poisons of different kinds circulating in the blood cause the changes in the walls of the arteries which we call arteriosclerosis. How many escape these poisons? We might say, none. Then why does not every one suffer from early arteriosclerosis? My belief is that those who are so susceptible to early arteriosclerosis are congenitally defective and that in infancy they belong to the type of infant we are studying. Arteriosclerosis, even to the end, is partially spasmodic in character, else why does the blood-pressure fall under nitrites or become much less, as it often does, a few days, or a few months before death? I believe the continuous spasm of the arterioles, causing the cold surface and chilly feelings of children of this type, is a sure precursor of early arteriosclerosis.

Abnormal irritability of the mind or hypersensitiveness of the emotions, with more or less hyperesthesia of the skin, is simply a part of the same general condition and usually persists throughout life. These people are spoken of as being "thin skinned." On investigation, most of them are found to have had convulsions or enuresis in infancy and childhood, and to suffer from migraine and arteriosclerosis later in life. Many of these infants and children become neurasthenics in adult life, some with and some without apparent exciting cause. A condition of prolonged or chronic nervous exhaustion may be brought on by a long, exhausting disease, but the true neurasthenic is born, not made. This type can be recognized by its life history and by its resemblance to insanity. On careful inquiry, many epileptics will be found to have belonged to this class of child and those that have, will almost always develop early arteriosclerosis.

The kinds of insanity that have this same early history are early senile demen-

tia, the insanity that follows epilepsy or inebriety, and the kind of insanity that is unsuspected and results in suicide.

True inebriety, that is the kind of inebriety that develops suddenly after some severe shock and is periodical in character, is only found in people who have this congenital instability of the nervous system and it is the same class of people that so readily acquire the various drug habits.

Many cases of so-called sick headache are not true migraine. All cases of true migraine may not belong in the congenital asthenia group of diseases, but most of them certainly do. In true migraine the pain is always confined to one side of the head. It may change to the other side during the same attack, but it is never on both sides at the same time. It is preceded by certain premonitory symptoms which the patient learns to recognize, but which he can seldom describe clearly. Sometimes the premonitory symptom is very like the aura that precedes an epileptic convulsion. The headache is generally accompanied by nausea and vomiting, but the headache always comes first. The ordinary headache of simple indigestion, or of ptomaine poisoning is diffuse, and is preceded by nausea and vomiting. In true migraine the nervous and mental depression is much more profound. In severe ptomaine poisoning the heart and respiration are more affected. The exciting causes of the attack of migraine are many, but it never comes at exactly regular intervals unless the exciting cause is a regular occurrence, as in the cases that accompany menstruation. Many attacks are due to intestinal auto-intoxication and these should be carefully differentiated from the simple diffuse headache of indigestion or ptomaine poisoning. Many attacks come from eye-strain and are greatly relieved, or made more seldom, by proper glasses, but are seldom entirely cured in that way. A central or diffuse headache caused by eye-strain, and entirely relieved by proper glasses, is not migraine. Uterine displacements, mental shocks, fear, surprise, joy, bad ventilation, sickening sights, great anxiety, business strain, overwork and starvation are other common exciting causes of the attack. But back of all these is the congenital instability of the nervous system that belongs to this type of infant.

All cases of arteriosclerosis do not belong in this group of diseases. The arteriosclerosis that is not apparent until after sixty-five seems almost a natural process. I do not think it is so, however, for I have known three people who had no arteriosclerosis at eigthy. One died of pneumonia at ninety-two, one died of abdominal trouble at eighty-two, and the other is still living at eighty. It seems probable that some cases of arteriosclerosis may be due to syphilis, alcohol, tobacco, excess of animal food, and anxiety, or business strain, and yet many people have or do these things without producing this condition before sixty or sixty-five. In the cases that are apparent at forty, or before, and in many older cases, a clear history can be obtained of a chilly childhood of infantile convulsions, of lack of the power of mental concentration in school, or of other signs of congenital abnormality of the nervous system.

If this congenital condition has an anatomical pathology, and I believe it has, it has not yet been discovered. In children with these symptoms who have come to the post-mortem table, a few have been found to have abnormally small hearts, or small arteries, a few have had hypertrophy, atrophy, or absence of one or more of the ductless glands. Some have been found to have had a tardy development of some part of the nervous system, but none of these things has been constant, and in many, nothing has been found to explain this condition. As for treatment, little can be done in adult life except to relieve the symptoms, although rigid dieting and a careful regulation of habits may postpone the fatal result, but in infants and children much may be done with the hope of ameliorating the condition and preventing future trouble.

This is true preventive medicine. Infants who have convulsions from slight causes should be fed with great care. They need more food than other infants and at the same time they are prone to indigestion. They need a higher percentage of fat than normal infants. If they are nurslings, a little cod-liver oil on the point of a spoon about twenty drops, should be given before each nursing, and the mother's diet should be rich in fat and starch. Butter, cream and preparations of Indian corn should form as large a part as possible of the mother's diet, and egg-yolk should be added to the infant's diet as early as possible. Egg yolk or a mixture of egg-yolk and cod-liver oil may be given before each nursing as early as the middle of the fourth month. If the baby is bottle fed, the percentage of both fat and protein should be higher than in a

normal infant. It is often necessary to give these infants stronger food than they can easily digest, and help them digest it. A little essence of pepsin, or half a drop of tincture of nux vomica, or both after each feeding will sometimes help them to digest more food and stronger food than they could otherwise. They must not be allowed to become constipated. If a tendency to constipation is present, and it cannot be overcome by a careful regulation of habits and clothing, by the air bath, massage, and by giving a large amount of water between meals, it is best to give an occasional dose of calomel.

Calomel we know causes stools containing a minute amount of occult blood in most cases, but I think the importance of this finding has been overestimated, and I do not think it is a contra-indication to its use. I have never seen it cause any unpleasant clinical symptoms. Castor oil while possibly as good in diarrhoea, has a bad after effect in constipation. If it becomes neccessary to use a laxative constantly, phenolphthalein is probably the best, though liquid petrolatum serves well in some cases.

These infants should be kept in the open air as much as possible, for this promotes the appetite and aids digestion, but they must be kept warm. They should be exposed frequently to the direct rays of the sun several hours at a time, with the face protected. It is not neccessary to remove the clothing, for the actinic rays can readily penetrate it, but it is better not to have the sunshine come through glass. As a general tonic I have seen good effects from the use of tincture of nux vomica in from one half minim to three minim doses, according to age, continued for two or three months, or longer. Mothers should be told that it is more important for the doctor to see these babies between convulsions than during the convulsion, for I have never known an infant to die in a convulsion unless it had some more active diseases than the one we are considering now.

In recurrent or cyclic vomiting the little patient should be given an alkali, preferably sodium bicarbonate, continuously for several years either in its food or an hour after each feeding, in dose proportionate to age.

Enuresis of childhood is said to be due to retarded myelination of the spinal cord, but I think in some cases it is at least made worse by the condition of cutaneous arterial spasm, causing a congestion of the spinal cord, and it is certainly benefited by treatment directed to that condition. A few cases are benefited by very small doses of thyroid. If the prepuce is long and tight, circumcision will often benefit this condition, but only enough of the prepuce should be removed to relieve the redundency and tightness. If the entire glans is exposed, the irritation of this sensitive organ against the clothing will make the patient's nervous symptoms worse. Circumcision should never be done for adhesions only; they will disappear of themselves before puberty, and do not cause symptoms. In a few exceptional cases, infected smegma may be dammed back by adhesions. In these cases when the adhesions cannot be freed with a probe, a limited circumcision may become necessary.

In children with the arterial spasm of this condition, the same general treatment should be continued. The diet should contain as large proportions of egg-yolk and fats as possible. The drinking of much water between meals should be encouraged. They need more sleep than normal children, and the afternoon nap should be insisted on until they reach puberty. They must not be allowed to become constipated. The arterial spasm should be relieved from time to time in order to give the muscle fibres a rest, and to promote the nourishment of the skin. This can be done in a number of ways. A prolonged hot bath once or twice a week, followed by a night's rest in bed, gives these muscular fibres a temporary rest. In a few cases a quick cold bath followed by vigorous rubbing will relax the arterial spasm, but most of these children are more harmed than benefited by cold bathing. The likes and dislikes of the patient must not be allowed to influence treatment too much, for often these children will protest that they are warm and comfortable, when the surface temperature of hands, feet, ears and nose are far below normal. Woolen clothing next to the skin should be worn even in summer, and the sun bath given daily, on sunny days, for years. Friction and massage of the skin every second or third day is a valuable aid. A small dose of spirit of nitroglycerin, or of sodium nitrite, once a day, or every second day, does good by relaxing the unstriped muscular fibres temporarily and equalizing the circulation.

As these children grow older, they should be encouraged to play active games and in gymnasium practice, but not in competition with normal children, nor under other stimuli, for their ambition is generally greater than their physical ability, and they are apt

to over strain themselves. They should always be well rubbed down after active exercise. If exposed to a draft of cool air when perspiring after exercise they get stiff and sore muscles more readily than normal children.

One of the medicines that seems to do them good is lecithin which may be begun in infancy and continued intermittingly into adolescence. Lecithin is found in the market in the shape of a rather thin, sticky mass, and is said to dissolve in fixed oils, but does not seem to do so. In giving it to infants it is best to have it made up into soft pills. One of these pills may be crushed in half a teaspoonful of milk and administered without trouble. Children of this class need more nitrogen, and more fats from infancy to the end of adolescenece than normal children. That means plenty of meat, eggs, milk, fish, fowl, butter, oil, and cheese. Of dry vegetables they should eat most, wheat, rye, oats, peas, beans and nuts. They also need a good proportion of green leaves and stems, and of fruit. Of the simpler starchy foods as rice, potatoes, sweet potatoes, barley, sage, tapioco, Indian corn and bananas, they need very little.

DISCUSSION.

Dr. B. V. D. Hedges, Plainfield: It is always interesting to listen to a paper from Dr. English. He leads us away from the musty, well-worn roads of travel into new and fresh fields of thought, and we feel grateful to him this afternoon for giving us such an able and instructive paper.

The childhood or adolescence of migraine and arteriosclerosis would present fewer difficulties, but the infancy of these diseases is a subject to which little, if any, attention has ever been given, and the reasons are obvious. The wear and tear incident to medical practice give to but few of us the allotted three score years and ten of life, and as we begin our professional career between twenty-five and thirty years of age, it is something of a problem to be able to watch these infants from infancy to the age of thirty-five or forty, when they first begin to show symptoms of these degenerative changes. The only other method, and the one used by the doctor, lies in trying to find out as accurately as possible from these patients the history and circumstances connected with their very early life.

Among the different etiological factors mentioned by the doctor I am inclined to think that over-feeding in infancy, with its attendant train of symptoms, is one of the most important causes in producing arterial sclerosis. I am convinced that nine children out of ten die from being fed too much where one dies from under-feeding. The resulting increase in blood pressure, and the strain on the whole arterial system cannot help but work disastrously in later years.

Mothers are always anxious that their children should be fat, and that the weight curve should be above that of the normal healthy child, particularly that their children should weigh more than their neighbor's children living on the same block, and one of the hardest problems that confronts the pediatrist to-day is to keep the food down within normal limits.

The doctor opens up an interesting line of thought when he speaks of the convulsions of infancy and the bearing they may have on the subject under consideration. There is no question but that the majority of these convulsive seizures are due to intestinal intoxications, and will clear up under careful and well regulated diet. But on the other hand we see a large number of cases where the movements are normal and there is no fever, and we can rule out any bowel disturbance.

Are we to regard these as true cases of epilepsy, or are they due to some other cause?

I have been surprised to find how large a percentage of these infants have been instrumentally delivered at birth and Dr. William Sharp, of New York, who has given this matter a great deal of thought, feels that the extraordinary pressure exerted on the infant's head at birth is the real casual factor. His recent paper on this subject, where he cites the histories of a large number of infants who have been either markedly relieved or cured of their convulsions by the decompression operation, is of great interest and value.

We all realize that as we grow older our arteries harden and our blood pressure increases just as our hair grows gray. They are the inevitable accompaniments of increasing years. But if these processes are often started in infancy, if they are due to certain clear-cut, well-defined conditions that are amenable to treatment, as Doctor English would have us believe, then it is up to us to thank him for his well-thought-out, logical paper.

Dr. English, closing the discussion, said: I would like simply to say, Mr. President, that overfeeding is common in the ordinary child: is the commonest thing in the world, at all times, and I quite agree with Dr. Hedges so far as that goes. In these children it is difficult to overfeed them. Having succeeded in overfeeding them you only cause an attack of temporary indigestion, and in considering those attacks of indigestion they do not seem to be the cause of convulsions. They may have convulsions from almost any other thing, but while quite willing to agree on the question of overfeeding in a general way, in these particular cases I think the dangers of overfeeding are less than the dangers of underfeeding.

Vaccine Therapy for Pertussis.—L. Lagane in Presse. Medica gives the results obtained by Nicolle and Concor in the treatment of 104 cases of pertussis by vaccine. Of these 37 per cent. were cured, and 36 per cent. improved, after from two to five injections had been given in from three to twelve days. Only those cases were cured that were inoculated within the first two weeks of the disease. These results are not as good as were hoped for, but are encouraging. It should be noted that the injections have not been tried as a prophylactic measure as yet.—American Journal of Obstetrics.

TREATMENT OF PERTUSSIS.*

By Charles H. Finke, M. D.,
Jersey City, N. J.

It is not my purpose, gentlemen, to pres-
it a full, detailed account of the treatment
Pertussis. The scope of this paper em-
aces my clinical experience. The very
tisfactory results obtained by me leads
the hope that the means employed proved
be a valuable addition to the remedies
hibited in the most common and, too
ten, most obstinate disease of child life.

It is a mattter of common knowledge that
rtain factors influence in great measure
e amelioration or aggravation of the par-
xysmal features of this disease. Air, local
plication, electricity, internal medication,
c., alone or combined, hold recognized
aces in our armamentarium.

Air: Pure fresh air is important through-
t the attack. Irritating vapors of any
nd seem to increase the paroxysms.

It is very noticeable that patients have
ewer paroxysms while out of doors. Dur-
g moderate seasons of the year, especially
hen the temperature does not fall below
5° Fahrenheit and the weather is permis-
ble, patients of all ages, even the young
nd delicate, are better kept in the open.
uring the months when weather is cold
nd severe, only the strong and hardy
ould be allowed to stay out for any length
f time. During the winter months if a
atient is so situated that he or she can
o to a warmer clime, there is no doubt
at this will shorten the paroxysmal stage.
sea voyage will lessen the paroxysms,
s the moist, salt air seems to produce a
oothing effect on the cilia lining, the trachea
nd large bronchial tubes.

Local Applications: Local applications to
e rhinopharynx or to the larynx by means
f a swab or spray seems to be of little
ervice. The one that has any effect at all
lessening the paroxysms is cocaine.
his should never be employed in young
hildren on account of the danger of poison-
g.

Hamburger, of Vienna, states that by ap-
lying the faradic current over the larynx
nd about the neck between seventy and
ighty per cent, of his cases were cured
fter two or three treatments.

Inhalations: Inhalations are of more
alue than local applications. They seem to modify the catarrhal conditions and facilitate the expulsion of mucus. Those containing creosote seem to be the most beneficial. They may be employed on cotton in the respirator or vaporized over an alcohol lamp. When the paroxysms are severe, chloroform may be used to ward off convulsions or prevent asphyxia.

Internal Medication: In the use of internal medicaments the medical man has found the best results in influencing the course and lessening the severity of Pertussis.

The list of remedies employed is a formidable one. There is one remedy, however, that has served me well in a large number of cases in combating this disastrous and enervating disease. For this reason I desire to bring to your consideration the results of the use of ammonium bromide in three hundred and sixty-two cases (covering a clinical experience of four years.) The majority of these cases were obtained in the Out-Patient Department of the Hospital; the remainder from my private practice. The opportunity for studying the action of the remedy employed was excellent. The data that I have gathered gives sufficient evidence that the drug employed —ammonium bromide—must be credited with producing encouraging results.

To compile this list I have been obliged to rely upon the statements of many mothers, relatives and friends, but, nevertheless, I have found it to be true that if their children did not show an immediate improvement they were only too happy to come and inform me of it.

I had those in attendance keep as near as possible an accurate account of the paroxysms day and night—not trusting to memory, but making note of them on paper. Invariably the reports would come in showing a lessening of the whoops after the use of ammonium bromide. In some cases a little bromism would crop up, but this was quickly controlled by lessening the dose or withholding the drug for a short time.

One cannot fail to remember that for years we knew little of any drug or serum which could decrease to any extent the great number of paroxysms in pertussis, and it is only in the last year that we have any reliable data on the serum or vaccine treatment of the disease, of which I have a few cases to report.

I do not think that I have discovered a specific for pertussis, but I do state that I doubt if anyone has given it the thorough trial that I have. Inasmuch as any drug

*Read before the 148th Annual Meeting of he Medical Society of New Jersey, Spring ake, June 29, 1914.

in the pharmacopoeia and out of it has been vaunted at some time or other as a cure for whooping cough, one is inclined to be rather skeptical regarding the value of any new remedy unless it is based on some well fixed principle. In reply to this would state that ammonium bromide, made by neutralizing hydrobromic acid with ammonia or ammonium carbonate, acts as a marked nerve depressant acting through the cortical brain cells and both sensory and motor neurons of the spinal cord, the efficient nerve terminals in the peripheral tissue of the respiratory tract, making less receptive the stimuli produced by the now recognized Bordex bacilli, lessening and modifying the reflex action—coughing—and, consequently, lessening the frequency and severity of the paroxysm. It is an excellent cardiac and respiratory stimulant which hastens the expulsion of the mucus ladened with the bacilli from the respiratory tract. These two reasons I believe prove that this drug is one of the best in the medicinal treatment of pertussis.

In brief would state the following summary of four hundred and sixty-two cases treated with ammonium bromide:

Of 102 cases: 29 cases, 3 months of age and under; 39 cases, 3 to 6 months of age; 34 cases, 6 to 12 months of age.

Of the twenty-nine cases under three months of age, ten were seen in the catarrhal stage and nineteen in the spasmodic. These ten had been exposed to the disease and after a week or ten days developed a whoop, but as the ammonium bromide had been used during the catarrhal stage in one grain doses, the whoop appeared to be somewhat modified and from twelve to fifteen days afterwards was much diminished, disappearing entirely in four weeks. Of the nineteen in the spasmodic stage, fifteen showed a marked diminution of the paroxysms in eighteen to twenty-five days; and in four and one-half weeks from the installation of the treatment the whoop had entirely disappeared, but in some a slight bronchial cough existed. Of the remaining four, two died from broncho-pneumonia and two showed very little, if any, effect from the treatment.

Thirty-nine cases from three to six months of age all seen in the paroxysmal stage. Of this number, thirty improved under the use of the ammonium bromide within two weeks and all the cases had ceased whooping after five weeks from the beginning of the treatment. Of the remaining nine, one died in convulsions an eight failed to return for treatment.

Thirty-four cases from six to twelv months of age were seen in the spasmodi stage. These, fortunately, did well unde two grain doses of ammonium bromide t i. d. except one or two of the more sever type which showed little or no improvement. Thirty cleared up and were minus the whoop within forty days.

Of 310 cases: 95 cases, 1 to 3 years o age; 121 cases, 3 to 6 years; 94 cases, 6 to 12 years.

Ninety-five cases from one to three years were all seen early in the paroxysmal stage Seventy-five showed an improvement from seven to ten days; within five to six weeks this number had ceased whooping. Of the remainder, eight were lost track of and twelve showed little, if any, improvement

One hundred and twenty-one children from three to six years of age were al classic cases. Ninety-eight cases improved decidedly in four to five weeks under ammonium bromide treatment. The balance failed to appear for further treatment.

Ninety-four children from six to twelve years of age—who seem to stand the whoop better than the younger ones—naturally had progressive treatment. Eighty-five lost the whoop within five weeks. The remaining ten dragged along for about ten weeks before they were considered well.

Fifty cases were above twelve years of age. These did remarkably well under the ammonium bromide treatment.

After four weeks the whoop had entirely abated, leaving a little bronchial irritation in some of the cases. I suppose one could attribute some of this to the age of these patients, as no doubt there would be a greater desire to get better and the treatment would be carried on more faithfully.

Of the above number of four hundred and sixty-two cases, the following can be deducted under the heading of "No Results": died, three; no improvement, eighteen; failed to return, thirty-eight; under treatment ten weeks, ten; total, sixty-nine; leaving a balance of three hundred and ninety-three cases. The shortest duration in which this number was relieved by the treatment was fifteen days; the longest, forty-five; giving an average of twenty days. The dosage was controlled by the age, severity of the cough and general health of the patient.

Vaccine Treatment: In reference to the treatment of pertussis with vaccine "Bacillus Pertussis (Bordet)" would state that I

have gathered the results of about forty cases in over three-fourths of which the treatment has been under my personal supervision; the remainder are from reliable sources. Most of the cases were children ranging from the ages of three months to fourteen years.

The dose was from ten million to one hundred million bacteria. The dose was controlled by the fever, severity of the cough and paroxysms. The vaccine was administered every three or four days, but in some severe cases I was obliged to use it every day for a short time. The shortest duration of treatment was twelve days and the longest fifty, the average was fifteen days.

Serum Therapy: There have been numerous efforts made to obtain a satisfactory serum for the cure of whooping cough, and one of the most recent is made by Vanlair. He reported the results obtained in seventy-one cases treated by Duthoit of Brussels.

After a single injection of the serum there is a most favorable abatement of symptoms, the number and intensity of the spasms being diminished and the total length of the duration of the disease apparently was considerably lessened.

To obtain the best results, the serum should be injected very early in the disease.

In conclusion would like to state that I expected to be able to report some work done in pertussis with autogenous vaccines and serums, but up to the present time have been unable to get sufficient material.

DISCUSSION.

Dr. George E. McLaughlin, Jersey City: Some months ago Dr. Finke asked me what I thought of the advisability of using a vaccine in whooping cough and this was at the time when we were speculating as to whether we truly had a whooping cough bacillus isolated. Since then and shortly following that, Mallory of Boston seemed to be pretty successful. I have been able to follow up Bordeaux's work and I believe he has successfully isolated the bacillus of pertussis. There is still some slight question whether that is the true bacillus; in other words it has not been absolutely, beyond any doubt, proven out to be the bacillus. However, the chances are largely that the bacillus has been discovered, because in a certain percentage of those cases in which the treatment has been made with vaccine, there have been apparently some result. These results parallel those obtained from the use of vaccines in other diseases, and I am seriously hoping that the time will come when it will be proved that we have in a vaccine an efficient remedy for pertussis. More than that, from present rather meagre data, I hesitate to say or to predict. Unfortunately I am not in a position to discuss the rest of the doctor's paper; Dr. Rector was to have done that, I believe, but Dr. Finke called on me as having some knowledge of vaccine in this disease, and I am only too glad to say what little I might on it. I regret I haven't more to say in the matter.

Dr. Henry L. Coit, Newark: Anything that relates to the cure and treatment of pertussis is important. I think, however, that prophylaxis is better than cure. To be able to prevent whooping cough would be a great achievement in preventive medicine.

An important step in this direction was reported at the last meeting of the American Pediatric Society by Dr. Alfred Friedlander of Cincinnati. He claims to have been able to detect whooping cough in persons in the earliest stage of its development before the spasmodic features are present. This is by what he calls the "Complement Deviation Test." The technique of his method has not yet been published, but will soon be available. If this is possible, it is the most important step yet taken in the prevention of the disease because it would make possible isolation of suspects before they were a source of danger in the family or school and thus prevent epidemics.

Concerning the treatment of pertussis, I think sea air has the greatest influence upon the limitation of the severity and course of the disease. When taken out to sea, very many cases will be apparently cured within a few days.

Dr. Edward E. Worl, Newark: I think there is a method in whooping cough, which could be used, certainly in the initial stage and that is a test in the way of leucocytosis, which in whooping cough is very high. It may run 20 thousand or 25 thousand and it even has been known to run 40 thousand. Now, this paper is very interesting but it does not cover what I mean, the prophylaxis side of this disease. The individual case is nothing, but to spread it all around the neighborhood is everything, and we do run that danger is advising fresh air. Fresh air means neighborhood fresh air, we should consider a little that side of the question and I should be very glad to hear the doctor make the proper suggestion as to the sanitary control of whooping cough, one of the hardest problems we have to deal with.

Dr. Charles H. Finke, closing the discussion, said: The scope of this paper embraces my clinical experience, and as I have stated it is not my purpose to present a complete detailed account of the treatment of this disease.

The prophylatic treatment of Whooping-cough, which has been suggested by Dr. Coit, can no doubt be carried out to some extent in large towns or cities, when these places are able to support a good bacteriologist to aid the local practitioner. The gentleman who stated that in Pertussis we would find a leukocytosis, may be correct, but to make a positive diagnosis the Bordex bacilli must be present.

"You say you haven't anything to be thankful for?" said the clergyman to one of his parishioners. "Why, look at your neighbor, Hayes. He has lost his wife by whooping cough."

"Well," said the parishioner, "that doesn't do me any good. I ain't Hayes."— Dallas News.

DISCUSSION OF DR. DEAVER'S ORATION ON THE PATHOLOGY UNDERLYING ABDOMINAL SYMPTOMS.

(This Oration will be found on page 328 of our July Journal.—Editor.)

Dr. Lewellys F. Barker, Baltimore, Md., said: It is inspiring to listen to a surgeon who has had so much experience in living pathology as he who has just given the Oration in Surgery. It is indeed very gratifying that through surgery many so-called functional disturbances are being traced to a definite organic origin. Just what the mechanism of the functional disturbance is, must, however, in many cases await further study. Here clinical observation and laboratory research may be helpful. It seems to me likely that further investigations concerning the reciprocally antagonistic visceral nervous systems—the vagal system on the one hand and the sympathetic system on the other—may be illuminating.

It is true, I think, that in the past medical men have sometimes been over-conservative regarding abdominal explorations, but this error, it seems to me, is less often made at present. It must be remembered, however, that the medical man sees a very different group of patients from the group seen by the surgeon. Indeed, the medical man acts as a sieve for the surgeon. If the internist were to advise surgical exploration in every case in which he meets with abdominal symptoms, the amount of abdominal surgery to be done would be enormous. Here common sense and good clinical judgment must be our guide.

Dr. Deaver has pointed out the importance of careful physical examinations and contrasted these with laboratory tests somewhat to the disparagement of the latter. I must agree with him that the skilled fingers of an experienced man, together with a carefully taken anamnesis, will in the absence of laboratory tests, yield results more reliable than those obtainable by a laboratory man without clinical experience. But fortunately we do not have to depend upon men who are trained in physical examination alone nor upon men trained in laboratory examinations alone. Nowadays we demand that patients be studied by all modern methods. The internist or the surgeon with a good mind will make fewest mistakes when he has the results both of physical examination and of laboratory tests at his disposal. The more we work clinically, the more we realize the inadvisability of relying upon single so-called pathognomonic symptoms or tests and the more we try to accumulate the results of examinations by different methods and to weigh all the evidence available before making our final decisions.

Dr. Deaver has spoken of the disappointment with X-ray examinations in abdominal work. I, too, must confess that the X-ray does not yield helpful information as often as its more enthusiastic advocates would lead us to think. As a matter of fact, the method is as yet a relatively new one, and we are only beginning to find out its advantages on the one hand, and its limitations on the other. We have already discovered that an X-ray report of a "pylorus displaced to the right and hooked up in the gall-bladder region" does not always represent so serious a condition as we were at first led to believe. As a means of determining the position of the different portions of the gastrointestinal tract within the abdominal cavity, of testing motility, and of determining the site of local obstructions, X-ray examinations are, however, really very helpful.

I should like to call attention to one group of abdominal symptoms which may be very misleading. I mean the acute abdominal pain sometimes complained of by patients at the onset of a pneumonia or of a diaphragmatic pleurisy. In more than one instance in a first class hospital I have known of operation being done in such conditions when both the internist and the surgeon were misled by the symptoms to believe that an acute surgical condition in the abdomen existed.

Meetings like that held to-day, in which surgeons and internists meet and compare views, are, I feel sure, very helpful for the progress of medicine. Surgeons and internists can be mutually helpful to one another when they work in the closest co-operation.

Clinical Reports.

Acute Cerebellar Ataxia in an Adult.

Dr. E. F. Buzzard, in the Proceedings of the Royal Society of Medicine, reports the case of a woman, aged 38, who gives the following history: When in good health in September, 1910, on a certain days she was seized with shrivering and general malaise. This continued until the following Tuesday morning, when she woke up to find herself hardly able to speak, and quite unable to use her arms or legs properly. From that time until the present there has been gradual but slow improvement, so that she is more able to talk clearly and able to use her hands for most purposes. At the same time she is still unable to stand or walk without some support. Present condition: The function of the cranial nerves is normally carried out with the exception that she displays a marked amount of ataxic dysarthria. The strength and sensibility of her arms are perfectly good, and she only displays a slight amount of cerebellar incoordination when tested severely. The lower extremities are powerful enough, but widely ataxic when she attempts to walk. There appears to be very little impairment of sense of position. There are no nystagmus, no ophthalmoscopic abnormalities, and no organic changes in the reflexes. The patient complains of no giddiness or tinnitus.

Congenital Stenosis of the Pylorus.

Dr. Max Einhorn, at a recent meeting of the N. Y. Academy of Medicine, said he had four cases of congenital stenosis of the pylorus occurring in infants and success in the treatment was attained by stretching the pylorus in two of them. He thought this was a method that deserved to be used more. The stretching was performed in all four of his cases. In one of Dr. Kerley's patients and in one of his own there was a real stenosis and not a spasm, and successful results followed this stretching of the pylorus. He had tried to measure the lumen of the pylorus by means of a little olive tied to a thread and left in over night. After

being left in over night it was pulled out. In two of the cases in which there was a stenosis the results were remarkable and just as good as could have been obtained by surgical methods. After the stretching there occurred quite a change; the stomach began to be emptied and the children began to pick up. One child was now five years old, the other three years old; both were living and perfectly healthy. These were typical cases of pyloric obstruction. In the other two cases he succeeded in stretching the pylorus, but the patients died. There was no stenosis according to his experience, but rather a spasm. Stretching was done in these two cases, but without the desired success.

"Renal Diabetes," Possibly of Traumatic Origin

Drs. S. Strouse and A. H. Beifield, in the A. M. A. J. of April 25th, report the case of a healthy young man in whose urine glucose was accidentally discovered during a life-insurance examination. The discovery of glucose followed about one year after a cranial trauma, but whether the two are related belongs entirely to the field of speculation. There were never any symptoms of diabetes mellitus. The excretion of dextrose was practically independent of carbohydrate intake. The blood-sugar twice determined in von Noorden's clinic was normal. Furthermore under condition which in a man of his age would certainly intensify the symptoms and increase the severity of a true diabetes mellitus, the patient has continued to remain in perfect health, and the urine has not taken on the characteristics of urine in diabetes mellitus. Not only does the patient meet the standards of renal diabetes, but also the clinical course of the case includes the diagnosis of diabetes mellitus.

Infection from Gas Bacilli.

Dr. W. W. Bowen, Fort Dodge, Iowa, in a paper published in the Iowa State Medical Society Journal, May, 1914, reports the following:

A lady thirty-five years old upon whom a hysterectomy was performed October 30th, 1912. Following the operation there was no shock, the next morning felt good and looked well. She ran practically no temperature up until November 3rd, four days after the operation, when her temperature went up to 102.5°, pulse 120, but she still felt well. The following morning, five days after her operation, temperature was 101°, pulse 110, she had no pain and felt comparatively well except that she had a headache, the abdominal wound was examined and was apparently clean, probes were introduced into it in several directions but no pus secured. On the evening of November 4th, it was discovered that she had an emphysema over the abdomen extending a little way above the ribs about two and one-half inches, the vagina was examined by means of a Sims speculum, the wound in the vagina where the hysterectomy had occurred looked slightly necrotic but was in fairly good condition. There was a free discharge from the vagina of thin brownish yellow fluid containing air bubbles, irrigations were started immediately, using peroxide, which was introduced into the vagina through the Sims' speculum by means of a small glass syringe; this was repeated every hour, we believing it to be an infection of the bacillus aerogeneous capsulatus and that the peroxide would have a good effect on this organism. The abdominal wound was opened up the entire distance and a moderate quantity of brownish yellow fluid escaped which contained air bubbles. The following morning Dr. Albert of Iowa City made a bacteriological examination from both the abdominal wound and the vagina and the bacillus aerogeneous capsulatus was found in pure culture. On November 6th, her temperature became normal, the vaginal irrigations with peroxide were continued until November 7th, eight days after the operation. The abdominal wound was wide open but now looks healthy and the discharge has practically ceased; following this her recovery was without event. About a week later the wound was drawn together with silk worm gut, using a number of figure of eight sutures, and healed kindly and the patient left the hospital well.

Aortic Aneurysm Mistaken for Asthma.

Dr. S. Solis Cohen, Philadelphia, reported these cases in the Interstate Medical Journal, St. Louis.

These cases, one seen in 1909, and the other more recently, will be reported in detail when opportunity serves. The present brief note will suffic to record them. Both patients were syphilitic male laborers in middle life. Both were suddenly attacked with dyspnea, at first, apparently, paroxysmal. Both were sent to the hospital with the diagnosis of asthma. In both the diagnosis of obstructive dyspnea, possibly aneurysmal, was made on sight—and ought to have been so made by an experienced physician.

The patients sat upright in bed, laboring for breath, with marked suprasternal recession, and in the earlier case, supreclavicular recession of the soft parts. There was laryngeal stridor; in the later case, low and expiratory only; in the more severe case, loud and both inspiratory and expiratory. In both, the neck-vessels throbbed violently, and the jugular veins were much distended. In the earlier case there were fits of syncope. Physical examination of the thorax in both cases revealed unlimited dullness beneath the manubrium sterni; in the earlier case, about the area of a shilling; in the later case, about the area of a silver dollar, and hence extending somewhat to right and left of the bone. In neither case was thrill, bruit or pulsation detected; nor did the laryngoscope reveal anything special. In both cases, the X-ray plate showed a shadow above the heart interpreted as the aneurysmally-dilated arch of the aorta pressing upon the root of the trachea. In the earlier case the shadow was small and circular; in the later case, larger and somewhat pearshaped. The autopsy, showing a sac, little more than an inch in diameter, of which tough clot and the anterior wall of the trachea formed the posterior wall, and which communicated by a small opening with the transverse arch, confirmed the ante-mortem diagnosis in the first case; the second patient is still living.

What makes the cases worthy of record is that sudden dyspnea is the sole symptom; that the ordinary physical signs of aneurysm are wanting; that incidentally to the constant dysp-

nea, paroxysms of increased distress with wheezing and sonorous and sibilant rales misled practicing physicians, outside the hospital, to a diagnosis of asthma; and that the significant features of the cases to the eye and ear of the reporter were the suprasternal recession and stridor—incompatible with asthma and indicative of obstruction in or around the larynx or trachea. In such cases the site and nature of the obstruction remain to be determined by laryngoscopic and other methods of exploration. Even when shown to be outside of the air passages, it is not necessarily an aneurysm. Mediastinal growth or gumma, enlarged bronchial glands, peritracheal abscess, etc., will produce the symptoms of obstruction. The diagnosis of aneurysm must be arrived at by exclusion.

Abstracts from Medical Journals.

Albuminuria in Pregnancy.

Dr. Edward J. Ill, Newark, read a paper on this subject at the recent A. M. A. annual meeting at Atlantic City. The following is an abstract of it.

He gives his experience with albuminuria in pregnancy. While laboratory methods of diagnosis are all-important, he says, the clinical picture and bedside symptoms must be the guide for action. Albuminuric patients early in their pregnancy rarely give much trouble. They readily respond to hot-packs and purgations, especially when the albuminuria is slight, symptoms mild, percentage of urea normal or nearly so, the skin active and blood-pressure not excessive. The explosive cases are much to be feared. He has formulated for himself a classification of the cases, separating those in the primipara from the others according to their severity and treatment. In the primipara we must consider three cardinal conditions: the character of the albuminuria; the presence or absence of uremic symptoms and the stage of the pregnancy. A primipara presenting a slight or moderate albuminuria with few or no kidney elements and uremic symptoms before the time of viability of the child, should be under close observation, a salt-free and restricted diet and an occasional calomel purge. The primipara before the viability of the child, without much albuminuria and many kidney elements, with reduced quantity of urea and urine, presents a more serious problem even if there are no uremic symptoms, as the latter may occur at any time. Ill considers such a case before the seventh month a serious one and gives calomel purges with a more restricted diet of milk and green vegetables, rest in bed and close and constant observation for fear of a lapse into a worse condition. After the child is viable and there are many uremic symptoms and increased albuminuria the condition is dangerous and if we cannot check the symptoms labor should be induced. In these cases, venesection should not be lost sight of. If the symptoms have been gradually increasing in severity after the viability of the child, we should still make efforts to put off the evil hour by appropriate treatment; but if the uremic and albuminuria symptoms have come on suddenly and with great severity, early delivery by induced labor should be the choice. When convulsions have supervened, or there is edema of the retina and headache, the classic Cesarean section has been his choice. He has not seen much of the vaginal Cesarean section in these cases and believes it is losing ground with the profession. Thus far he has spoken of the cases that have been under careful and constant observation. When he is first called to a case of convulsions during the last three months of gestation and without symptoms of labor and there are lucid intermissions between the convulsions he makes efforts to carry the patient along without operation. When, however, there are no lucid intervals and deep and lasting coma exists in spite of blood-letting, he resorts to Cesarean abdominal section as giving the best results for mother and child. Other methods are liable to cause more or less serious permanent injury to the mother and kill the child. In the more fortunate cases when the patient with convulsions is in labor with a freely dilatable cervix, chloral hydrate, morphin, venesection or veratrum viride, followed by the forceps, give mother and child a chance. When such a primipara is in convulsions without any dilation of the cervix and is not in labor, Ill has, since 1900, done Cesarean section and thus reduced his fatal cases one-half. Expectant treatment has been abandoned. The greatest danger is with primiparae. Multiparae rarely present such violent and dangerous symptoms, though eight of his fulminating cases were multiparae. He gives figures of other authorities and believes that his experience compares well with these. He says when we look back to the days of forcible dilatation and delivery and remember all the invalid mothers, he is glad to record the freedom from pelvic injuries in his later patients, and he gives, briefly, some figures obtained from Dr. Bunting, of Elizabeth, N. J., of cases treated at the Rotunda hospital which represent an excellent result from the expectant plan of treatment there used. Morphin, repeated as convulsions return, lavage of the stomach and colon, castor oil and croton oil, absolute quietness and starvation are the main features. There were 17.2 per cent. of deaths of the mothers and 37.9 per cent. of deaths of the child; 79.3 per cent. of the cases were delivered naturally, about 7 per cent. were forceps cases and a similar number had induced labor. Other statistics quoted or referred to are those in 1912, from Helsingfors, Voigt of Berlin, the Geneva clinic, Bellingham Smith and Duhrssen. Ill's results compare well with these and he says he will continue his present methods until convinced some other treatment is better.

Significance of Pain in the Right Iliac Fossa in Young Women.

Dr. Randolph Winslow, of Baltimore, believed that unless the symptoms of appendicitis in young women were frank and clear, the condition was probably something else. Pain and tenderness in the right side, without rigidity, elevation of temperature, and leucocytosis was usually not appendicitis. Apparently severe and long continued pain in the right side in girls was more likely to be neurotic than appendicular. Pain might also be reflected

from the pelvic organs or some of the other viscera, and the primary seat of the disturbance might be determined by a more careful examination. He thought we frequently operated too hastily after a diagnosis of appendicitis, without considering sufficiently the other possibilities in a case.

Spirochetes in the Brain in General Paralysis.

Dr. H. Noguchi has announced (Jour. Experimental Med., Feb.) that he has succeeded in demonstrating the spirocheta pallida in the brain of 12 out of 70 cases of general paralysis. The inquiry will be continued in order to ascertain whether by an improved technique the spirocheta may not be demonstrated in a higher percentage of cases. The relatively short duration of life in the cases in which the organism was found leads to the suggestion that it may be easier to find it in cases which run a fairly rapid course. The clinical symptoms and post-mortem appearances show that the cases were not ones of cerebral syphilis in the narrower sense. The spirochetes were found in all layers of the cortex except the outer, a few subcortically, none in the pia. In all instances they seemed to have wandered into the nerve tissue; they were not found in the sheaths of the vessels, and seldom in close proximity to the larger vessels.

Surgery for Diabetics.

At the session of the Academie de medecine, Paris, May 19, Dr. Marcel Labbe, agrege professor at the Faculte de medecine de Paris, showed that the danger in operations on diabetics could be traced to two principal causes: hyperglycemia and acidosis, without considering vascular lesions which do not properly belong to diabetes. Hyperglycemia favors suppuration, but is far from being fatal in aseptic operations. It is well to combat hyperglycemia by a diet before operation.

Labbe deduces the following practical rules: Only imperative operations should be performed on diabetics; by preliminary treatment, glycemia, and acidosis should be reduced; a mixed diet of carbohydrates may be employed in the case of non-emaciated diabetics; a diet of dried vegetables, oats, or milk, with an alkaline treatment, may be given diabetics with acidosis. Before the operation 40 gm. of sodium bicarbonate should be administered. For the anesthetic the preference should be given to local or general anesthesia by ethyl chlorid. After the operation large doses of sodium bicarbonate should be administered orally or subcutaneously; then, when able to take food, the patient should be given vegetables, and oat or milk broths.—Paris Letter A. M. A. J., June 13th.

Ununited Fracture—Treatment Of.

Dr. M. Segre, in Policlinico, calls attention to the treatment of ununited fracture. Attention is called by the author to the remarkable effect of local injection of osmic acid in a case of ununited fracture of the leg. This fracture had obstinately refused to consolidate under the usual measures, applied for six months. Rontgenos copy confirmed the lack of consolidation in both tibia and fibula. Then 0.02 c.c. of osmic acid in 1 per cent. solution was injected directly into the focus. There was not much pain or local reaction, but the temperature rose slightly. The injection was repeated three times in fifteen days and the fracture rapidly consolidated, so that the patient was discharged two weeks later. Experimenting on 12 rabbits confirmed the view that osmic acid has a decided stimulating action on the periosteum and bone-marrow. It probably does not start an actual process of ossification, but induces inflammation, which modifies local conditions and causes the cellular elements to hyperfunctionate.

Reports from County and Local Medical Societies.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The summer in Essex County is showing no more than the usual prevalence of reportable diseases, even typhoid cases being, abroad among the population at large, but few aud scattered. There is at St. Mary's Orphan Asylum, in contrast to the general situation, an epidemic of typhoid of considerable moment, about one-third, 93 of the total number of inmates and attendants being afflicted. The high standing of Essex County in the State is seen in the average number of typhoid cases during ten years being 1.63 per 10,000 population while the average for the whole State was 1.78. The cause of the present epidemic, distinctly localized, has been found in the milk used by the institution which came from a small herd of cows, which supplies this institution only, though the "carrier" of the infection has not been found.

The Board of Freeholders has just voted to build an addition to the tuberculosis buildings of the Isolation Hospital at Soho at a cost of 30,000 dollars, the purpose being to enlarge the facilities of kitchen and serving-room and provide for admission of children having tuberculosis. In the meeting at which this was authorized adverse criticism by one of the members was based on the prospect of a more comprehensive plan for tuberculosis by taking over the plant of the city of Newark on the mountain at Caldwell, admittedly an ideal location, for the County. In the medical profession it has long been felt that the most crying need of the Isolation Hospital was an equipment for handling properly cases of "mixed infections." To this end the Medical Board of the hospital prepared plans two years ago but action by the Freeholders was held up by the lack of funds, for which it was said legislation was necessary and, the past year, covered in a bill which the Governor vetoed. The expenditure of $30,000, there now suggests the enquiry yet—what are we going to have for it? If not the mixed infection buildings, we may yet take some satisfaction in getting provision for care of children with tuberculosis, who have been lamentably overlooked in institutional plans hitherto, and whom the community must feel responsible for, not only for the patient's sake but as one of the most prevalent sources of contagion in the homes of the people. The plan will provide for about thirty juveniles. The present buildings are

occupied and about fifty adults are awaiting admission.

Again we may record honor done one of our Newark young men in another community. Dr. Oscar Teague, a graduate of the Newark City Hospital, now working in the research laboratory of Cornell University, New York, has just been appointed director of the new bacteriological laboratory at Quarantine. It was he who did such notable work in Manchuria studying the epidemic of plague with the international commission.

The excellent attendance of Essex County members at the Spring Lake meeting of the State Society was a factor in the large attendance there. Comments made since indicate that it is the general impression that the meeting was a great success and the decision to return to Spring Lake another year is approved.

Morristown Medical Club.

Reported by E. Moore Fisher, M. D.,

The Morristown Medical Club met as the guests of Dr. A. A. Lewis, at the Tapkow Club, Morristown, on the evening of June 17th, 1914.

Dr. G. H. Lathrope was chairman. There was a large attendance of members and numerous visitors from surrounding parts of Morris and Union Counties, East Orange and New York City.

Dr. Harold Barclay, of New York City, read the paper of the evening on "Diagnosis and Treatment of Chronic Non-malignant Diseases of the Stomach." The doctor said that in many cases where the patient complained of "stomach trouble," the disease was situated elsewhere and cited a case of chronic appendicitis that had been treated for a gastric condition for ten years that cleared up after appendectomy.

The cause of the trouble might be due to the absorption of pus from alveolar abscesses which were often found associated with bridge work or crowns and sometimes to a mucous colitis with a dilated caecum which often simulated chronic appendicitis even to a marked rise in temperature. As an aid to diagnosis, a test meal was given in the evening and a stomach tube used in the morning to aspirate the amount of fluid fasting secretion for laboratory analysis.

In most cases there was excessive fasting hypersecretion which was frequently followed by pyloric spasms because of the long continuation of motor errors in the musculature of the stomach wall.

The discussion was entered into by most of those present and was opened by Dr. Thomas N. Gray, of East Orange, who asked if the cyclic vomiting of children might not be due to hypersecretion. Some felt that the passing of a stomach tube should only be done by those on whom one had been passed.

The fact that cholelithiasis often gave a picture similar to gastric ulcer was referred to and that gastric disorder might mean trouble anywhere in the abdomen, summed up in the quotation "that the stomach was the mouth piece of the intestinal tract."

In closing Dr. Barclay said that cases due to syphilitic infection might simulate other stomachic conditions and that when most cases come to a specialist they had been ill so long, as a rule, that no form of examination was objected to though many patients would not submit to satisfactory and thorough methods at any early stage of their illness. In other words "the last man always has the best chance" in diagnosing any chronic illness. He had seen some cases of cyclic vomiting clear up under administration of extract of thyroid gland.

Following the close of the scientific meeting, the host adminiatered creature comforts to meet the needs of the inner man.

Association of Attending Physicians to the Hudson County Tuberculosis Clinics.

This Association held a meeting at the Jersey City Public Library on Friday evening, May 22nd, 1914.

The scientific portion of the program consisted of a very interesting and thorough survey of "The Modern Aspect of the Tuberculosis Situation as Compared to 25 Years Ago," by Dr. S. A. Knopf of New York.

The following is a short abstract of Dr. Knopf's talk:

What have we done and accomplished in the last 25 years?

First—

(a) We have found out the importance of early diagnosis. Instead of waiting for bacilli in the sputum, we try to make our diagnosis before this happens. In former years history taking consisted of finding out if the rest of the family were alive and well. Now special stress is laid on occupation, mode of life, social condition, number of children in the family, and which one in order of birth the patient is, because of physiologic and economic reasons, earning capacity, post-natal infection, heredity, exposure, alcoholism, and syphilis.

(b) Examinations of the rest of the members of the family are made, when possible, to discover possible incipient cases.

(c) Temperature taking has come to be one of our most important aids to diagnosis. Not satisfied with one reading taken by mouth, we take rectal temperatures for successive hours on successive afternoons and if this is not conclusive the temperature is taken before and after exercise to find out if the rise is over one-half of a degree.

(d) Examinations are never made as quickly as they used to be made. The hair is examined for brittleness, the pupils for one-sided dilatation due to pressure by a tubercle on the pneumogastric, the nose is examined to make sure that the physical signs are not produced there. In the throat a pale looking mucous membrane is suspicious. A cylindrical chest is the dangerous one. In examining the chest, besides the usual physical signs, the following newer signs should be elicited: Pottinger's sign, the spasmodic contraction of the muscles in the supra- and infra-clavicular fossæ. Objective and subjective fremitus should be elicited. Objective fremitus can be increased by placing the forehead upon the hand which is on the chest. Subjective fremitus is a vibration felt by the patient when he hums. This is easily elicited by any intelligent patient when consolidation is present. Saddle precussion to outline the width of the apices should always be done. X-ray plates of the chest

should be taken to confirm our diagnoses. This is especially good when there are small disseminated areas which cannot be made out by physical signs.

These years we tell the patient that he has tuberculosis, for if he knows, he has a better chance of getting the proper treatment, and there is less chance of infecting others under the plea of "I didn't know."

Tuberculin is especially valuable in children.

(e) The treatment: Tuberculin in selected cases, given in minute doses to avoid reaction. Sanatorium treatment in an institution or at home if as rigorous, judicious, careful and watchful as in an institution.

Second.—Prophylactic measures. The most important of these is of course the care of the sputum. The care of the food supply is of great importance. Droplet infection and its relation especially to congested districts, homes, and prisons, etc., has been studied and some means taken to diminish the congestion. German figures shows that 42% of the cases come from homes having only one room to the family, 40% where there were two rooms, 12% for three rooms, and only 6% where there were four or more rooms to the family. These figures show that tuberculosis is a diseace of congestion and poverty.

Third.—What the government does to-day:

(a) It provides means of general examinations and treatment.

(b) It provides and should provide more open air schools and classes.

(c) Examination of children of tuberculous parents; 60% have been found infected, 10% of which was of the bovine type. This has led to the certification of milk and to the examination of cows for tuberculosis.

(d) There has been some attempt made to stop child labor.

Fourth.—Marriage of the tuberculous. Tuberculous patients, especially female patients, should not marry. Eighty per cent. grow worse and die within two years after pregnancy. He advises emptying of the uterus. Pregnant women should not work. If too poor to observe this rule, the government should provide.

Dr. Pollak: Stated that the Hudson County Institution keeps track of its discharged patients by discharging them through the clinics. Tuberculin should be used, if not therapeutically, for its diagnostic value. It is educational as well, because it shows the kind of lesion as well as the probable prognosis. As most of the cases are latent and as most develop during childhood, tuberculin is of great diagnostic value.

Dr. McGeary, of Los Angeles, gave a resume of Dr. Knopf's early work on tuberculosis in Los Angeles. He stated that he did not feel the necessary of tuberculin injections.

Discussion:

Dr. G. K. Dickinson: Commented on the fullness of the talk. He broughe up the uqestion of open-air treatment of pneumonia and tuberculosis. He thinks that the public should receive more instruction as to the reason for open-air treatment. If the body is warm, it makes no difference how cold the air is. Get better invigoration of the respiratory centre by the flow of air over the face. He would like to know why the speaker did not lay some stress on rales.

A. M. A. ANNUAL MEETING.

Atlantic City, June 23, 1914.

The Opening General Meeting of the Association was held in the Apollo Theatre, which was filled to its utmost capacity, with the president, Dr. John A. Witherspoon, Nashville, Tenn., in the chair and the ex-presidents, vice-presidents, secretary and trustees occupying the platform.

After a fervent and appropriate invocation by Rev. Dr. H. M. Mellen, of Atlantic City, and a cordial welcome from that city's mayor, Hon. William Riddle, in which he gave the physicians of the country credit for the great success and wonderful progress as a health resort, the president introduced Dr. Enoch Hollingshead, president of the Medical Society of New Jersey. He spoke, substantially, as follows:

"Mr. President, Members of the American Medical Association, Ladies and Gentlemen: It gives me pleasure to greet you in the name of the Medical Society of New Jersey, the oldest State Medical Society in America. We greet you as Allah greets the rising sun, with reverence. We greet you as friends. We greet you as brothers on their own threshold. We greet you in this city with breezes laden with ozone from the ocean. We greet you as creators of medical thought, believing that you are of the best in the country, if not in the world. We greet you in bringing to us America's best thought for the benefit of all mankind, and especially for our own country, believing that no nation can be successful that does not keep its medical standards high. We welcome you from valley, hill and plain, and from every section of our vast domain, believing that the experiences which you relate here and your deliberations and discussions will be to us as 'the gentle dew of heaven upon the grass beneath," blessing you who give and us who receive, and will be of vast and incalculable benefit to mankind. Again, I greet you."

President Witherspoon then introduced Hon. John Wescott, attorney-general of New Jersey, who extended the welcome in the place of Governor Fielder, who was unable to attend. He said:

"Mr. President, Members of the American Medical Association, Ladies and Gentlemen:

This whole proceeding at the present time suggests a physician direct to the point, without fuss and without feathers, and the incongruity of the situation is that a lawyer should be among you. A lawyer among doctors is perhaps not in the right place, yet I can readily see that he is in the right place because, being a necessary evil, and the function of the physician being that to exclude necessary evils, the best way to get rid of the lawyer is to put him among physicians.

"You have been welcomed by the Mayor to the queen of all summer resorts. You have been welcomed by the president of the medical society of the great State of New Jersey. Through the Governor of New Jersey, a man whose mind is sensitive to modern progress, I am commissioned in behalf of the State to welcome you. The great difficulty is for a lawyer to know the appropriate thing to say. I once heard of a young man who was much concerned about his destiny and his duty as a

human being. After looking over the field carefully, he concluded that he could do the most good by saving human souls, so he became a preacher. Very soon he was disabused of his misconception and he found that men were more concerned about their bodies than they were about their souls. He straightway became a physician. He soon perceived the error of his second choice and found that, after all, men were more concerned about their pocketbooks than either their bodies or souls, so he became a lawyer. I believe that men are destined to care less for their pocketbooks than they care for their souls and bodies. I believe that the human family is coming to realize that the soul and body are so closely identified that you cannot have a great soul without a great body.

"The medical profession from the point of view of a stupid lawyer seems up to this time to have been a profession of empiricism, a profession of individual action, and almost necessarily so because the physician deals with a specific case all the time and he never knows its parallel exactly; and I will remark in passing that it is said of the lawyer that he is a machine and the only machine on earth that when once set going never knows when to stop.

"I was about to observe that the medical profession has developed a peculiar type of courage. The martyr goes to his doom; a soldier now and then goes to his death under circumstances of tremendous dramatic significance—excitement. The doctor, on the other hand, not once in a century, not when a war occurs, but hourly, every day of his life, not under circumstances of excitement, but under conditions of mental calm, under the force of poise, confronts not only danger but actually walks into the jaws of death, and he does it silently, unknown, unseen and unsung. Hence the physician by the necessity of his training and calling has developed a peculiar type of courage, and I do not hesitate to say, the highest species of courage known to the human animal. The force of that remark is to be found in what I am now about to say. The medical profession up to now has been a profession of separateness, if I may use the expression. The physician has had to go it alone. The characteristic of the age is co-operation. Co-operation is the expression of economy. The physician finally has come to appreciate the power and co-ordination and co-operation; hence your presence here to-day. I trust, and I have no doubt it will come to pass, that not only every State will have its medical organization, but also every county in every State; and every county organization should be closely affiliated with the State organization and every State organization with the national organization; then with 250,000 of the bravest men in the land thus co-ordinated, thus co-operating, much will be done for the redemption of society or its improvement. Such a co-operative scheme will result in the oneness of purpose that is simply resistless; therefore, such an organization can effect legislation in every State in the Union, and in the national legislature looking to the improvement of the people. When I say improvement of the people, what do I mean? I mean morals, religion, as well as physical conditions, because without complete physical conditions you cannot have a complete morality, nor can you have a sound theology, nor can you have an inspiring religion. The physician up to now, as I understand it, while he has labored at the foundation of society, has done so piecemeal. You have worked at each block of stone in the foundation, but not at the foundation by a scheme and a general purpose; consequently you have scattered far; now you are concentrating your energy. Therefore, I say, the physician is a philosopher; he is an economist; he is a politician, and I go so far as to say that the soundness of our institutions and their perpetuity rest more in the hands of the medical profession than in the hands of any other class of men. In the hands of the medical profession rests the future of this country, because in the hands of your profession rest the physical lives of the country, because in the soundness of the physical life the country rests its morality, its religion and its patriotism.

"One more suggestion or concluding observation is this: I have observed that the human animal is a susceptible creature in every direction. I am not going to talk about the philosophy of love. The average man or woman in picking up a newspaper and reading an advertisement in relation to his health will by the constructive processes of his imagination immediately appropriate as a part of his own physical life the delineation of every symptom that he finds stated in that advertisement as belonging to him, and the disease which that advertisement portrays in such awful colors as his disease. Such is the plasticity of the human mind. At the end of that advertisement there is a proposition to cure that disease, and it is immediately believed and straightway the reader of that advertisement hies himself to a drug store and buys his freedom from disease. What does he buy? He buys a compound. What is that compound? God only knows. It is called euphoniously a proprietary concoction. This concoction is not created with scientific knowledge, but with a correct comprehension of human weakness, impelled by the desire in the creator of the compound to do what a lawyer does—take everybody's money in sight. Statistics on the subject are obtainable, I am told. I have seen some; but how reliable they are I do not know. I assume from the sources that these statistics are approximately correct. While not wearying you with statistics, you will agree with me in the assertion that the American people are every moment of their lives, every hour in the day, every day in the week, every week in the month, and every month in the year, consuming these unknowable compounds, when they are in the solid form, by the ton; when they are in the liquid form, by the hogshead—millions of gallons of this liquid stuff are consumed by the American people annually. In other words, the very foundations of society have poured into them every day destruction through proprietary medicines. What are you doctors going to do about it? You are organized. Your organization will become more and more perfect every day if you have the courage of which I have spoken, and I know you have, to keep on agitating this question

for the benefit of the people. See that the manufacturers of these poisons are hedged about by such legislation reforms as hedge you about and compel you to know what you are doing.

So, I conclude, Mr. President, with the laudation not only that your profession carries in the hollow of its hand the destinies of this country, but also that your most conspicuous duty at the present time is to see that the American people are saved from a continuous process of poisoning through liberated ignorance. (Loud and prolonged applause.)

President Witherspoon said:

As your retiring president, I want to respond briefly to these addresses of welcome and to say to the people of Atlantic City how much we appreciate them. I want especially to express our gratitude and thanks to the last speaker for his remarks. He has not only spoken of our organization and of the unit from the county to the state society and from the state society to the national society, but also he has absolutely followed the trail that we have fought along the road through the wilderness of ignorance until it would seem that he had been employed as counsel of the American Medical Association.

I endorse the remarks of the attorney-general and have adopted them long since as the motto in the great work of the American Medical Association.

Dr. Witherspoon then said that one of the acts of his administration was to appoint a special committee, of which Dr. Charles A. L. Reed was made chairman, and he asked Dr. Reed to make a report for that committee.

Dr. Reed said: Mr. President: It is my privilege and happiness to present to you an illustrious member of the medical profession to the recipient of a gold medal of appreciation now to be conferred by the American Medical Association. Citizen of the republic, graduate in arts and medicine, doctor of science from renowned institutions at home and over the seas, army surgeon designated and promoted by special act of Congress to eradicate yellow fever from Havana, member of the Isthmian Canal Zone, international consultant on great sanitary problems, Fellow and former President of the American Medical Association, honorary and associate fellow of numerous foreign scientific associations, now Surgeon-General of the United States Army, illustrious scientist, executive, writer and scholar, William Crawford Gorgas, Sanitarian, whose genius made possible the construction of the Isthmian Canal.

President Witherspoon continued:

General Gorgas, one of the acts of my administration, of which I am very proud, was the appointment of this special committee for the purpose of showing to the world our appreciation of ability, our appreciation of greatness, our appreciation of that wonderful genius which has made possible, sir, for you not only to demonstrate to the world that it was possible to build the Panama Canal, but also to go further and show, as you have done, that 500,000 lives which have been lost in our country by preventable diseases can be and will be prevented finally with you at the head of the Army of our country. We hope you will always be at the head of the sanitary protection of our people.

As retiring president of the American Medical Association, it gives me great pleasure to turn over and to present to you, General Gorgas, a gold medal in commemoration of your wonderful ability and your wonderful work that has connected nations and has taught the world that the American Medical Association contains a man who dared to do what was right for the salvation of mankind.

General Gorgas, in accepting the gold medal, said:

I thank you, Mr. President, and Fellows of the American Medical Association. I appreciate, of course, the great honor of this occasion, but I would like to have you think that this honor is to be shared by three or four hundred young Americans who have labored in this sanitary work on the Canal Zone, and I receive this medal in part as their chief and as their representative. Again, I thank you.

The vast audience rose and remained standing during the reading of Dr. Reed's report, the presentation of the medal and Dr. Gorgas acceptance. The applause was loud and long.

The President in a brief address on retiring introduced President Victor C. Vaughan, of Ann Arbor, Mich. His inaugural address was exceedingly comprehensive, scholarly anl eloquent and occupied one hour and twenty minutes in its delivery. We can give only a very brief outline, realizing that it fails utterly to do it justice. It will be found entire in the A. M. A. Journal of June 27, 1914.

President Vaughan's subject was "The Service of Medicine to Civilization." He spoke of civilization in ancient times as having risen, grown for a few centuries and then declined. In all instances it was local. Relatively small bodies of men occupying salubrious regions developed the elements of science and for a few centuries flourished. They overcame their less fortunate neighbors; with conquest came infection and national decay. He reviews the histories of the Egyptians, the Greek and the Roman civilization all of which succumbed to malaria and pestilence introduced by captives. The plagues of the middle ages which kept Europe thinly populated for centuries are also reviewed. The claim that infectious diseases have benefited the race by destruction of the unfit is shown to be unfounded in fact. Dr. Vaughan has himself combated it from his own experience in the Spanish war and he brings forward many proofs from ancient and modern history to support his views. A study of epidemics shows that the presence of widespread contagion, mankind tends to revert to barbarism. Disease breeds immorality, ignorance and strife, and Vaughan holds that it is not extravagant to prophesy that with ten centuries of freedom from disease, inherited or acquired, the world would be regenerated and the superman be born. We need not turn to history for examples of the degenerating effects of disease. We see it to-day in the physical inferiority, intellectual weakness and moral irresponsibility of those people who are still under the shadow of malaria and kindred ailments. We have not yet got out of the

shadows of the dark ages. Medicine consists in the application of scientific discovery to the prevention and cure of disease. Everything else is sham and fraud. The civilization of which we boast is still only partial, though science dominates the world more now than ever. No nation where conditions exist as they do at present can be given a clean bill of health, and there is much yet to be done before we approach this mark. All intelligent people must co-operate in hygienic measures. To permit disease or to transmit disease to offspring is unpardonable and to infect another one with disease is immoral. Vaughan goes at length into pointing out the ways in which medicine is a public service, though its work is done at a sacrifice by those who render the service. He notices the laws that are being enacted and that are proposed for the advancement of public health and the benefit of the race and gives his own ideas as embodied in the Michigan legislation. If preventive medicine is to do its best service, the time must come when every citizen will submit to a thorough medical examination once a year or oftener. The public health service is doing good work but in each state there should be a hygienic laboratory and a board to use it for the study of sanitary conditions and the prosecution of scientific research. He closed with an appeal to the younger members of the profession who have the work before them and on whom the future of the race depends.

The following officers were elected for the ensuing year: President-elect, William L. Rodman, Philadelphia; first vice-president, D. S. Fairchild, Des Moines, Iowa; second vice-president; Wisner R. Townsend, New York; third vice-president, Alice Hamilton, Chicago; fourth vice-president, William Edgar Darnall, Atlantic City, N. J.; secretary, Alexander R. Craig, Chicago; trustees, Philip Marvel, Atlantic City, N. J.; Philip Mills Jones, San Francisco; W. T. Sarles, Sparta, Wis.; chairman of the committee on transportation and place of session, J. R. Pennington, Chicago.

The president then nominated and the house confirmed the following: Member of the Judicial Council, Alexander Lambert, New York; member of the Council on Health and Public Instruction, H. M. Bracken, Minneapolis; member of Council on Medical Education, Arthur Dean Bevan, Chicago.

American Association of Anesthetists.

At the second regular meeting of this Association at Atlantic City, June 22, Dr. J. E. Lumbard of New Yorw related a remarkable feat in the use of carbon-dioxide in resuscitating a person who had ceased to respire for the space of eight minutes. The patient had undergone an operation and failed to respond to the usual treatment. The ordinary restoratives were employed without effect, until the carbon-dioxide was applied and soon afterward the heart showed signs of revival and the patient recovered.

The session was devoted to the experiences of the medical men in the use of various anesthetics, and the general sentiment expressed was that the greatest success, which was not accompanied by violent reactions when reviving from the state of coma, was the injection of a mixture of oil and ether. The results o 500 cases were reported by Dr. J. T. Gwathme of New York, president of the association Dr. Wayne Babcock of Philadelphia spoke o the subject of the "Spinal Anesthesia." Of ficers elected for the ensuing year were: Pres ident, Charles K. Teter, Cleveland; vice-presi dents, Willis D. Gatch, Indianapolis; T. D Buchanan, New York; Mary Madigan, Port land, Ore.; secretary and treasurer, J. T Gwathmay, New York; executive committee Frank W. Pinneo, Newark, W. C. Woolsey New York.

The American Association of Medical Examiners

At its annual meeting in Atlantic City, in June, elected the following officers for the en suing year:—President, Dr. A. T. Gaillard Philadelphia; vice-presidents, Drs. Wm. W Tompkins, Charleston, W. Va.; J. N. Hall Denver, Colo.; Ejnar Hansen, New York, and Lewis McF. Gaines, Atlanta, Ga., and secretary-treasurer, Dr. Foster K. Collins, Philadelphia.

American Medical Editors' Association.

At the annual meeting of this association at Atlantic City, N. J., June 22, 1914, the following officers were elected: President, Dr. H. Edwin Lewis, New York; first vice-president, Dr. H. D. Holton, Brattleboro, Vt.; second vice-president, Dr. W. M. Brickner, New York; secretary-treasurer, Dr. Joseph MacDonald, Jr., New York.

Urologists Elect.

At the annual meeting of the American Urological Association, held in Philadelphia, June 18 and 19, the following officers were elected: President, Dr. William E. Lower, Cleveland, Ohio; secretary, Henry L. Sanford, Cleveland; treasurer, Dr. James A. Gardner, Buffalo, N. Y. It was decided to hold the 1915 meeting in Baltimore.

Medical College Alumni Associations.

The Alumni Association of the Jefferson Medical College met jointly with that of the University of Pennsylvania at the New Monmouth Hotel, Spring Lake, on the evening of Monday, June 29th. The following members were present: Drs. Reading, Tracy, Fee, Halsey, Strock, Adams, Wescott, S. G. Bushey, Davis, Newcomb, Beardsley, Palm, Iszard, Stout, Fisher, Lippincott and Emerson. The following officers were elected:

President, Dr. W. H. Iszard; vice-president, Dr. L. M. Halsey; secretary, Dr. Linn Emerson. Speeches were made by Drs. Strock, Fisher, Beardsley and Halsey.

Congress for Obstetrics and Gynecology.

The Seventh International Congress for Obstetrics and Gynecology will be held in New York, September 14, 15, 16 and 17, 1915. Among the subjects to be read are "The Remote Results of Operations for the Relief of Retrodisplacements of the Uterus, both Simple and Complicated," Prof. Th. H. Van der Velde, Haarlem, Holland; "The Treatment of Puerperal Infections," Dr. Edward P. Davis, Philadelphia, and "The Value of Radio-Activity in

Gynecological Therapeutics." On Friday, September 17, miscellaneous papers will be read. National societies are encouraged to discuss these subjects at least eight months before the meeting of the congress, and to have reporters collect and digest the discussions and report their conclusions.

American Roentgen-Ray Society.

A meeting of this society will be held in Cleveland at the Hotel Hollenden, on September 9 to 12, 1914. The program promises to be of unusual interest and value. Papers will be read by Dessauer of Frankfort, on the subject of artificial production of gamma rays; by Coolidge, the inventor of the Coolidge tube; by Shearer, and by Duane. The subject of deep therapy and the production of the hard rays will be fully presented and discussed. The rest of the program will be taken up by a large number of papers on general subjects. The medical profession is cordially invited to attend these meetings.

Miscellaneous Items.

Defence of Vivisection and Animal Experiments

At a recent meeting of the Nottingham county branch of the Research Defence Society, the Bishop of North Queensland defended animal experimentation, vigorously, and claimed that the triumphs in medical research so obtained had so far reaching an effect on the English people that it would be difficult for them to realize what England would be, without them. He expatiated on goiter, tropical diseases, dengue, beri-beri, filariasis, and so on showed the advances in health that had been obtained by such investigations. The Bishop demanded, in the name of the people, the very best opportunities of every possible sort for studying and possibly discovering what might ultimately be of untold benefit to humanity.

Agnosticism in Medicine.

The contemplation of advanced cases in the medical wards of a hospital is apt to breed a spirit of agnosticism and hopelessness with regard to the capacity of medicine to relieve disease—the attitude of mind which treats a majority of cases with rest in bed and compound tincture of cardamoms. But on the firing line of the medical army, where the general practitioner spends his days and nights, such a spirit is impossible or leads to disaster to patient and practitioner alike.—British Medical Journal.

Publicity and Ethics.

Mr. Samuel Hopkins Adams of New York, at the Clinical Congress of Surgeons in Chicago, said: The universal agency of popular education is the daily press. Between that great agency of enlightenment and the medical profession there has been raised a barrier fraught with difficulty, the barrier of the unwritten law of the profession, which says to the doctor, "thou shalt not appear in print."

The daily paper, with all its sins, is the one agency by which the medical profession can attain immediate, positive and direct universal education—a saturated solution of enlightenment. Nothing else will do it. There is no sacred reticence required of a doctor other than the reticence that guards the privacy of his patient. The time has come when the old, obsolete ban of silence should be lifted and the propaganda should go on through the agency best fitted to spread it—the daily newspapers.

Beginning of Medical Science: Ancient Tablets.

Prof. Morris Jastrow, Jr., of the University of Pennsylvania, lectured at the College of Physicians, Philadelphia, Dec. 16th, on "The Medicines of the Babylonians and Assyrians," basing his conclusions upon the translation of ancient tablets.

One of the tablets, which was presented to the College of Physicians by Dr. S. Weir Mitchell and Dr. Richard H. Hart, dates back to the seventh century before Christ and is said to be the only one so far discovered that contains the record of an early Babylon physician. The tablet contains prescriptions which are a strange mixture of the first steps in real medical science with the incantations and omens of the period.

Early Anesthesia.

We are so accustomed to think that anesthesia was dicovered about the middle of the nineteenth century in America that we forget that literature is full of references in Tom Middleton's (seventeenth century) phrase to "the mercies of old surgeons who put their patients to sleep before they cut them." Anesthetics were experimented with almost as zealously during the latter half of the thirteenth century as during the latter half of the nineteenth century. They were probably not as successful as we are, but they did succeed in producing insensibility to pain, otherwise they could never have operated to the extent they did. Moreover, the traditions show that the Da Luccas particularly had invented a method that left very little to be desired in this matter of anesthesia.—Walsh: Makers of Medicine.

Quack Doctors Indicted.

The war on medical quacks in St. Louis is still being vigorously prosecuted by the New St. Louis Star. This newspaper recently exposed the disreputable and criminal practices of the advertising medical quacks and all the St. Louis newspapers stopped publishing their advertisements after the arrest of a number of the quacks. The owner of the St. Louis Times also controls the Westliche Post, a paper printed in the German language. The quack doctor advertisements were eliminated from the Times but recently the Westliche Post carried the advertisement of Dr. H. C. Lloyd, one of the most notorious offenders in this field, and now under indictment by the Federal grand jury for using the mails to defraud. The respectable German citizens who subscribed for the Westliche Post immediately entered a vigorous protest and we are informed that the editor has thrown out all the quack doctor advertisements. In March the Federal grand jury indicted twelve of these offenders on the charge of using the mails in schemes to defraud.

An Appreciation of Physicians.

The distinguished physicians and surgeons, who by their discoveries and their self-sacrifice have done more than all others to mitigate the physical miseries of humanity, are less recognized and remembered, I have often thought, than any other benefactors of the race. Their names may have an unpleasant association with a disease or an operation, but they themselves pass out of sight, although the lives they led and the work they did, and their observation of human nature, are more interesting than those of many of the men about whom volumes have been written.—From "Early Memories," by Henry Cabot Lodge.

Practices Leading to Commercialism in Medicine.

Competition, contract practice, splitting fees and advertising are some of the results of a degree of commercialism tolerated by the medical profession. An effort is being made here and there to suppress them, and we not infrequently hear the cry of "intolerance" from those who think their vested rights are being assailed. The commercial man masquerading in the profession, the medical faker and the newspaper man who profits from both are heard from immediately whenever an effort is made to put a stop to newspaper advertising. The "specialist" who lacks special ability and the general practitioner who lacks both professional ability and nerve to make legitimate charges unite in defending the practice of fee-splitting. They are all wrong; such practices have no place in the medical profession and should be eliminated, protest or no protest. It is to be hoped that our county societies will take the subject of medical ethics in hand, and with gentle firmness see to it that these abuses are corrected as speedily as is consistent with justice.—Editorial Texas State Jour. Med.

Proposed Eugenics Marriage Bill in Louisiana.

A proposed eugenics marriage bill is before the Louisiana Legislature. It contains the following essential provisions: All persons making application to marry shall present to the clerk of court or any clerk authorized to issue such license in the State, a certificate that said applicant is free from venereal diseases, other communicable diseases, or symptoms of epilepsy or insanity, so nearly as can be determined by physical examination and by the application of recognized chemical tests. Such certificate shall be filed with the application for marriage. The examiner shall be a licensed physician. The fee for such examination shall in no case exceed $3. Where certificate is refused, applicant shall then file with the clerk of court an affidavit setting forth that he is entitled to such marriage certificate, and it shall be the duty of the clerk of court to certify such proceeding to the parish health officer, who shall be required to examine applicant at once without cost. His finding shall be final. Any clerk of court or other person disclosing information relative to certificates, except as required by law, shall be guilty of felony. Any physician who shall knowingly make any false statement in health certificate shall be guilty of perjury and upon conviction shall have his physician's license revoked.

President Wilson Criticized by Medical Society.

A resolution criticizing President Wilson for having commuted the sentence of Dr. Thomas J. Kemp, son-in-law of Senator Fletcher, of Florida, a Democratic leader, who was convicted recently for misuse of the mails by sending information as to where illegal medical practice might be performed, was adopted at a meeting held July 23, of the Washington Medical Society.

Dr. Kemp, who practiced in Washington, was sentenced to two years, in prison and fined $500 in the Supreme Court of the District of Columbia. President Wilson, after the Court of Appeals and the United States Supreme Court had sustained the conviction, commuted his sentence to the payment of the fine.

Heredity.—Heredity is not, as is often imagined by biologists, a necessary property of living matter, comparable to the inertia of matter, a sort of biologic postulate which does not require a genetic explanation for itself. It is, like biologic phenomena, a product of evolution; it is an adaptation, the prototype of all adaptations. Moreover, it is of fundamental importance, because without it life itself could not have been preserved, nor could there be any stability of form or of mechanism.—Lugaro, Problems in Psychiatry.

The Ideal of Law.

"Law," says Bishop Hooker, "has her seat in the bosom of God; her voice is the harmony of the world; all things in Heaven and earth do her homage, the very least as feeling her care and to the greatest as not exempt from her power." Mr. George W. Alger, in an able article on "Swift and Cheap Justice," in The World's Work, December, 1913, says:—"This sonorous description of the ideal of law is meaningless, is as 'sounding brass and a tinkling cymbal,' unless the common processes by which human justice is obtained are made simple, unless it can be had promptly, cheaply, readily, by the poor and humble as well as by the rich and powerful."

Medicine and the Law.

W. Sampson Handley mentions among distinguished lawyers recruited from the ranks of medicine the Right Hon. Sir Robert Finlay, Member of Parliament for Edinburgh and St. Andrews Universities, and a former Lord Rector of his own University of Edinburgh. The son of an Edinburgh physician, he graduated in medicine at Edinburgh, and was then called to the bar. His brilliant subsequent career as solocitor and attorney-general proves, at any rate, that a medical education offers no insuperable obstacle to subsequent legal success.—Lancet.

Physicians Elected Deputies in France.

Fifty-five physicians have just been elected deputies, the same number as in 1910. Of these, thirty-seven were re-elected. It is an interesting fact that the three deputies from the department of Tarn-et-Garonne are all physicians.

THE JOURNAL
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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the Journal every month.
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We call attention to the fact that an offer has been made to bind the volumes of the Journal at a reasonable rate. Any members who wish to avail themselves of this opportunity can ascertain the price and style by writing to Dr. W. J. Chandler, South Orange.

STATE BOARD EXAMINATIONS.

The May 23 issue of the Journal of the American Medical Association is designated as the "State Board Number." It gives statistics, with explanatory notes, showing the number of graduates appearing for examination in each State, the number of those who passed and of those who failed and the percentage of failures; also a table showing the medical colleges that are not recognized by the different State Boards; the colleges grouped by States; the colleges that had fifty or more examined; the number of physicians registered through reciprocity, and other items of interest.

It shows that our New Jersey Board does not admit the graduates of 33 of the 107 medical colleges for examination; that the rejections of candidates by our State Board were as follows: In 1909, 12 out of 76; In 1910, 17 out of 63; in 1911, 15 out of 107; in 1912, 14 out of 59, and in 1913, 7 out of 69; that there were 88 registered in 1913 by reciprocity, 42 were from New York and 31 from Pennsylvania. The presentation is worthy of careful study. It gives a fair idea of the standing of medical colleges; the value and success of earnest efforts made to raise the grade of the better medical colleges and to eliminate the low-grade colleges, and the need of continued effort to secure more thorough medical teaching and far better college equipment.

There is no doubt that in order to raise the standards of requirement for medical education and medical licensure and the resulting medical efficiency and success in practice, we need to secure the highest possible grade of medical colleges and also the best qualified medical men on our Boards of Medical Examiners. It is also a matter of vast importance that the States shall not allow separate boards of examiners for every cult of pretenders who, lacking scientific medical education, for notoriety and pure greed of gain seek the State's endorsement of them as "doctors" that they may deceive the people even if it means imperiling of the health or sacrificing of the life of their victims.

SANITARIUM OR SANATORIUM.

The word sanitarium is not used in our editorial columns in referring to an institution for the treatment of the *sick*, because we do not believe it is correct. We are pleased to note that *The Journal-Lancet*, of Minneapolis, calls attention to the very common misuse of the words sanitarium and sanatorium, as follows:

"The word *sanitarium*, as generally used, that is, to designate an institution for the treatment of *sick* people, is entirely a misnomer. This word belongs to an institution, a locality, or a climate conducive to the *maintenance* of health. To be sure, whatever condition is conducive to the maintenance of health is quite likely to be conducive to the *restoration* of health. *Sanitary* means hygienic; *sanatory* means that which tends to restore health—in short, therapeutics. A 'sanitary' measure is one that provides for better sanitary conditions; a *sanatory* measure is one whose end is to cure, which may be the administration of medicine, or the prescription of proper diet and exercise. Thus practically all of the institutions heretofore called *sanitariums* are *sanatoriums*."

We often query when writing the word *sanatoriums* whether it is correct and often change it to *sanatoria*, but common usage seems to favor the former word.

We find an excellent paper in *Northwest*

Medicine, of May, 1914, by Dr. House, of Portland, Oregon, on "Recoverability of the Insane." He closes with these words:

"This paper cannot end without a plea to remove the stigma from insanity, to urge physicians to discourage the general views of insanity as something allied to criminality, to teach that the asylum is a hospital for sick minds and not a barred and guarded home for dangerous lunatics. In other words, to encourage and develop humane and sympathetic views of mental defectives and of those who give their lives in asylums to the care of these unfortunates."

We believe the members of our profession generally emphatically endorse these words. It is because of such views we have ceased to call these institutions insane asylums and rightly designate them as State hospitals and have removed the bars which kept these unfortunates who were not violently insane as criminal prisoners in barred and bolted cells.

MEDICAL DEFENSE.

We must recognize the fact and be prepared for it, that the number of suits for alleged malpractice will increase very largely in the near future—in fact is already on the increase. There are a number of reasons why this should be so. More people who are hurt will be treated by physicians; the injured person may not sue the employer and so many unscrupulous lawyers will be deprived of these "contingent fee" cases. There is left only one person who may be sued—the physician; and the same sort of cheap and scaly lawyer who would incite the patient to sue the employer, will turn his attention to starting a suit against the doctor. We do not fear the losing of any of these suits, for if such should be the case in the trial court, the result would undoubtedly be upset on appeal. But the volume of the work will greatly increase and consequently the cost of it. Experience has shown that the State Society defense is much better than that of any insurance company—and furthermore, the State Society does not try to get out of defending an action by means of some minor technicality; the policy of the council and its attorney has been, and is, to play the game with honest and fair liberality and they think that is the way the entire membership desires that it be done. No matter whether you are treating a patient for yourself or for some company or for the State, in every case of a fractured bone or where it is possible there may be a fracture, *insist that an X-ray plate be made and be sure that you keep it safely in your possession;* our Society would be four or five thousand dollars richer to-day if this had been done in every case during the last few years. If the company does not want to go to the expense of an X-ray, tell them to *get some physician who is not a member of the Society,* and thus protect yourself and your organization as well.—California Medical Journal.

THE EUROPEAN WAR.

As our Journal goes to press it seems probable that all Europe is to be drawn into a war, the magnitude of which the world has never seen equalled and the disastrous results of which cannot be foretold. There seems to be no real justification for it; the only conceivable objects appear, at the present time, to be the display of brute strength, the avenging of past defeats and the gratification of unholy ambitions for enlarged domain and supremacy even if at fearful cost of life and treasure.

It seems incredible that nations nominally Christian should madly rush into such a conflict in these days when so many philanthropists and Christian leaders are studying and working for "the things that make for peace." We take the following apropos extracts from an editorial in the New York Tribune:

The sudden flaming forth of the war madness in Europe will again raise the question, often discussed before, why it is that great nations which acknowledge their allegiance to the Christian religion appear to be absolutely uninfluenced by its teachings. War is contrary to the fundamental ideals of Christianity, which was first proclaimed as a religion of peace and good will among men and whose teachings look to the ultimate gathering together of all mankind in one great human brotherhood ruled by love. Yet the leading Christian nations of the world are preparing to fly at each other's throats just as their remote ancestors, the cave men, might have done. Is not this fact, it may be asked, a serious indictment of Christianity?

The answer is that the indictment lies not so much against Christianity as against those who profess to accept its teachings and don't even pretend to live up to those teachings in their daily lives. * * As a matter of fact, Christianity has never yet had a fair trial in the world. Its noblest idealisms have always had to be more or less diluted in order to make them acceptable to humanity in the rough.

Nevertheless, it would imply a very shallow judgment to assert that Christianity has had no influence, even in the case of war. Who shall say that a majority of civilized men and women in the world to-day are not opposed to war? They have no way of expressing

themselves; they do not sit in the seats of the mighty. But they are quietly registering their judgment against war as a crime against humanity. And some day, when there shall be ushered in the era of "sweeter manners, purer laws" foretold by the poet, the verdict of these plain people will be respected and obeyed by those who will then rule the destinies of the world.

In discussing war's medical side, while the doctors will have enough to do that will tax their skill and demonstrate their self-denying devotion in service to suffering humanity, it is believed that the war mortality will be considerable less than in some of the great wars of the past, especially the mortality due to typhoid and other diseases and to infection from the old style rifle and bullets. Dr. Charles H. Mayo, president-elect of the Clinical Congress of Surgeons, in discussing the probable mortality of this war, said:

"As was shown in the Russo-Japanese war, typhoid can be successfully combatted. Anti-typhoid vaccine and modern methods of surgery and sanitation also greatly aid in the reduction of mortality. The high power bullets go with such velocity that they become cleaned before perforating the body, thus reducing the chances of infection. Wounds nowadays are not like those caused by the old-fashioned bullets, which made unclean wounds."

We regret that a large number of our American physicians who attended the Clinical Congress in London, and others who are sojourning abroad—several from our own State—are detained abroad by the withdrawal of ocean steamers because of the war. Also that many others who expected to sail for Europe this month cannot do so.

THE DOCTOR IN THE PULPIT.

On Sunday, June 21, fifty Philadelphia pulpits were occupied by as many distinguished physicians. Fifty years ago probably no Philadelphia church could have been persuaded that a physician had a divine message to bear to its congregation—notwithstanding Leviticus—but, to-day, puritanical Philadelphia has cast away the scales of superstition from her eyes, and, exercising her common sense, welcomes the ancient laws of cleanliness and the always modern sermon on the the mount. Speaking from the pulpit of All Saints Church, Dr. W. C. Rucker, assistant surgeon general of the United States Public Health Service, said: "If, as Christians, we believe that the body of man is the temple of God, it is our duty to drive out these money changers in the temple who would transmute the souls and bodies of men, women and little children into the coin of exchange. Try as we will to avoid it, every human being has a certain contract, remote though it be, with every other human being, and everything which enters our lives, whether it be in the form of food or drink or clothing or housing, transportation or amusement, is obtained at the expense of the labor of some other person. If that other person is permitted to produce these things under conditions which take due regard of his body and his soul, no unfairness has been practiced. But, if these things are obtained by the exploitation of the body and the spirit of men and women and little children an incalculable sin has been committed."

And the Philadelphia North American comments upon this: "Not the sort of talk to be expected from a doctor, one may say. Yet this is exactly the sort of health talk we are getting from doctors on every side now-a-days. For these men who see behind the scenes have a wealth of first-hand knowledge upon which to base their claims that our present way of doing business is, in many respects, disastrous to public health, and, therefore, inimical to the highest interests of the nation and the race."

Howard A. Kelly, of Baltimore, dropping rhetoric for emphasis, told the Young Men's Christian Association, "Be meddlers. You have a right to meddle with other people's business if that business be bad business."

Harvey W. Wiley spoke to a Presbyterian Church on eugenics, saying: "Society has a right to be protected from the mentally deficient, the bodily diseased and the insane, and all children have the right to be born healthy." And Woods Hutchinson, of New York, whose name is so familiar to the readers of modern popular magazines, went even further and was more specific when he declared that poverty is one of the most disastrous of diseases. "Wealth," said Dr. Hutchinson, "must be more equally distributed. Every sound child deserves a fair chance to grow and learn. The unfit child must be taken care of by the State. Motherhood should be endowed. We will be well repaid for efforts at this time, to make better children by the children of the next generation. Eighty-five per cent. of our babies are born sound. It is a crime to rob one of these of its opportunity to grow up in health and happiness because its mother hasn't the means to give it these necessary things. Not only children, but all of us have the right

to demand more than a living. We have a right to demand happiness."

Drs. Thomas N. Gray and Richard C. Newton, of our own State, also made able and timely addresses in other Philadelphia churches.

And on Health Monday the Philadelphia newspapers broke out in a chorus of praise for this beneficent innovation and counseled their readers to hearken unto the voice of the medical profession. After that epoch-making week, it will be easier in the future to secure municipal, State and national appropriations for health departments.

PUBLIC APPRECIATION OF THE MEDICAL PROFESSION.

The medical profession has long been conscious of its own altruism. It knows that it is working for the general uplift, and it knows that the uplift must begin with the physical betterment of the individual. It is, therefore, the purpose of the medical profession to keep people well. That was the dominant note that rang out clear and strong in every utterance of the meeting of the American Medical Association just closed. But the movement rests deeper. While verbally it is a matter of keen consciousness, in action it has settled into the subconsciousness of the profession. In other words, doctors are everywhere trying to keep people well, and thus to deprive themselves of occupation as healers of the sick, and they are for the most part doing it in response to a quiet and persistent impulse of which they take no account.

This work is not without appreciation by the public, who are its real beneficiaries. A recent issue of the Philadelphia Public Ledger contains an editorial under the caption of "The Doctor's Part in Public Education," in which it is stated that:

Such efforts as the members of the American Medical Association and the Fellows of the American College of Surgeons are making to raise the standard of professional training and the ethics of their calling must sooner or later toll the knell of empirical medicine that so long has flourished at the expense of ignorant credulity. The mere fact that in ten years the medical schools have been reduced in number from 160 to 100 means that many a quack institution has been compelled to close it doors for lack of patronage, in favor of the reputable establishments. From the fierce light of scientific truth prowling mendacity has taken to cover, and from their last refuge purveyors of evil nostrums and habit-forming "tonics" have been driven, in large part through pitiless exposure by newspaper publicity.

A signal evidence of the generous willingness of medical practitioners to make their knowledge widely available for the use of mankind is seen in the lessons prepared by the Philadelphia County Medical Society for the Public Ledger. These remarkable articles are couched in language free from technical terms that puzzle the layman; and they cover every phase of medicine and hygiene. The good their publication does is incalculable, because no motive is behind them except the desire to spread the truth where ignorance prevailed.

The modern physician is an altruist. He might refuse to part with his "trade-secret" and enrich himself; instead, through the channels of technical society proceedings or addresses like those delivered in this city last Sunday, he chooses to tell all he knows for the public benefit, and the information of his colleagues. When it became evident that Friedmann was more concerned in making money than in effecting cures, so repugnant was his attitude to the accepted ethics of American medical practice that he destroys almost the last vestige of sympathetic interest in his "cure" that remained ere the fallibility of his claim was demonstrated.

Taking the public into the confidence of the doctors, as the American Association on a more liberal scale than ever proposes, is a policy sure to create an abundant measure of popular sympathy and support for legislative action and official health administration that will make the way of the transgressor in medicine harder than ever, and the good physician a still more admirable figure in the community.

—From the Lancet-Clinic, Cincinnati.

THE WISCONSIN MARRIAGE LAW DECLARED UNCONSTITUTIONAL.

The apparent deadlock in Wisconsin over the amendment to the marriage law requiring a physician's certificate as a condition for a marriage license has been broken, for the present, at least, by the decision of the Milwaukee County Circuit Court that the law is unconstitutional and void. The matter was brought before the circuit court on an application for a writ of mandamus, directed against the county clerk, ordering him to issue a marriage license to an applicant without a health certificate. The court held that the amount of

fee provided for the examinations as required by law was unreasonably low, and that the law was an undue interference with personal liberty. This decision, while only that of a circuit court, will act as a stay to the enforcement of the law until the higher courts have passed on the question. Probably no other topic has inspired so large an amount of newspaper comment in the past month. Wisconsin's experience should be a warning to State Legislatures not to enact hasty and ill-considered laws on complex scientific subjects. The discussion of eugenics, race betterment and marriage regulation is productive of a large amount of good, but premature efforts to crystallize hastily formed opinions into laws can result only in confusion.

The anti-vaccination bill recently passed by the Massachusetts Senate by a vote of 25 to 9 has been rejected by the House by an overwhelming vote of 133 to 53. The Boston Medical and Surgical Journal says that "largely owing to the influence of the Christian Scientists the contest was fierce and persistent." We have not heard that the Christian Scientists have accepted the invitation of Sir William Osler to accompany him on a trip of inspection through a smallpox hospital. If it were not for the children and the silly women, and the poor and ignorant of both sexes and all races, it might be better to let the Christian Scientists have their way. Variola would presently attend to the survival of the fittest business and the car of progress would presently proceed over the bog filled up with the corpses of the unfit. How hard it is to rescue the people when some Delilah-deluded Samson is attempting to overthrow the pillars of the temple.

As was to be expected, the quacks are exploiting salvarsan and their unhappy patients at the same time. The Denver News is making war upon the fakirs of that city just as the Chicago Tribune did so dramatically and successfully upon the fakirs of Chicago. The News has unearthed one of these heartless rascals, who so wrought upon the ignorance and credulity of his unfortunate victim, in whom he made a diagnosis of syphilis, that the latter committed suicide in despair—a boxful of love letters leaving perhaps the only clue to the poor wretch's deception into thoughts of ruin and death. Syphilis is a splendid game for these harpies to play. A diagnosis, a few doses of potassium iodide, and there is the eruption that can be banished and recalled at will, and is a visible proof of the diagnostician's acumen and the therapeutist's skill. Perhaps they will disappear when all medical schools are high grade, with better chances of high-grade men.—The Lancet-Clinic, *Cincinnati.*

The supreme court of Kansas has upheld the popular repugnance of the professional condemnation of division of fees between the family physician and the surgical expert. The court holds that the secret division of fees is against public interest and safety, since it creates a strong temptation to select the surgeon who pays best for cases. Incidentally it has been discovered that there are only a few upholders of the fee-splitting, though the practice prevails to an alarming extent and is concealed from the patient who pays two charges when only one is avowed. Commenting on the division of fees, the New York Times says that the remedy is to educate the public into recognizing the value of the services.

It is a common thing for lawyers to receive large fees, and seldom if ever do courts or juries refuse to return a verdict in favor of any attorney who has attempted to collect a large fee through legal action. On the other hand, it is a well-known fact that doctors usually suffer defeat if they attempt to collect large fees for services rendered, even though it can be definitely proved with reasonable certainty that as a result of the services a life has been saved. In view of this it is refreshing to learn that a Chicago surgeon has been awarded a judgment of $50 in excess of the $5,000 fee charged for an operation. In all probability for at least once the attorneys were unable to find jealous doctors willing to go on the stand and testify that the services were not worth the amount charged. It has been demonstrated time and again that when a doctor fails to secure anything more than average compensation for his services, another doctor usually is responsible for the inability to make the collection. It seems strange that doctors as a class fail to recognize the fact that what is good for one is good for all, and, on the contrary, when any physician fails to secure ordinary or more than ordinary compensation for services rendered, it works to the detriment of the profession in the community where the incident occurred.—Indiana State Journal.

THE UNION OF THE SEAS.

*By Judge Walter Malone.
Circuit Judge of the United States in Tennessee.

That nation cannot stray afar that keeps
Ever before its mind the simple worth
And courage unadorned of those plain men
Who freed this land from pestilence—those men
Of unromantic lives, in days of prose,
Who yet braved death, giving themselves to stings
Of poisonous insect pests that bore the seeds
Of the foul plague. Not pompously they went
Into the jaws of Pestilence, and yet
How glorious was their battle! Overthrown,
The enemy they met shall nevermore
Reap his dread harvest. And these heroes died,
Or, hovering near the iron-gated tomb,
Were snatched from death by heaven. Their names obscure
No poet sings; no magic legendary
Is woven round their story. In their lives
No bugle urged them on, no banner streamed,
No high born lady from her castle tower
Waved them adieu. Above those who are gone,
No marble cenotaph, no eulogy,
From lips of oratory, and no shout
From fervent multitudes uplifts in praise.
Yet never rode a knight through Arthur's realm,
Seeking the Holy Grail, that wore a plume
Whiter than their devotion; never a king
Taking his throne on Coronation morn
Wore ermine that was purer!

Then, O Lord,
Make us esteem their names forever! Make
Thy servants ever emulate their deeds;
Make us unselfish, striving for the good,
As they strived, hopeless of reward. And make
Thy servants purify the world
Of all uncleanness of the heart, as they
Saved pure men's bodies from the unclean plague!

All these thing grant us, Lord. And speed that day,
That day desired through long milleniums,
When man is truly worthy of his Sire.
And as we now in wedllock shall unite
These mighty oceans, grant that all the tribes
And kingdoms of the world shall soon be one,
Blest with one common hope, one end and aim,
One stainless flag, one Fatherland, one God.

*Written in commenoration of the opening of the Panama Canal. Given here only in part.

Gentleness in Surgery.

The fact that some operators produce little constitutional disturbance, litttle shock, by the performance of an operation which at the hands of another causes very serious collapse, is not due to differences in the patient, in the anesthetist, in the method, or in anything else but the surgeon himself. There are surgeons who operate on the "canine" principle of savage attack, and the biting and tearing tissues are terrible to witness. These are they who operate with one eye on the clock, and who judge the beauty of any procedure by the fewness of the minutes which it has taken to complete. There are other surgeons who believe in the "light hand," who ues the utmost gentleness and who deal lovingly with every tissue that they touch. The former type of operator is described by Crile as "carnivorous;" the latter type is nowhere better exhibited than in his own work. The scapel is, indeed, an instrument of most precious use—in some hands a royal scepter; in others but a rude mattock. The perfect surgeon must have the "heart of a lion and the hand of a lady;" never the claws of a lion and the heart of a sheep.—Sir Berkeley Moynihan, Address in Surgery, Brit. Med. Assn., 1913.

MEDICAL ASPECT OF CHILD LABOR.

The University of Vienna has established a chair of social medicine. As industrial hygiene is the most important branch of this subject Professor Teleky, the head of the department early became interested in tuberculosis as an industrial disease, and logically was led to study the effects of different occupations on wage-earning children with a predisposition to this disease. He found that in Germany, as well as in Austria there is unduly high tuberculosis rate among youthful wage-earners. Kayserling has shown that while in Berlin the tuberculosis death rate for all the later years of life has fallen since 1900, no diminution has been found in the death-rate for children of wage-earning age. Von Pirquet attributes the rise in the tuberculosis morbidity-rate during the years between 15 and 20 to overstrain and undernutrition in apprenticeship life.

Teleky has shown that sickness increases among children who leave school for work. The increase during the first year of work is not great, but in the second and third years it is pronounced, and in the fourth year is higher than the first.

He then took up the question of control of the choice of occupation so that some regard might be given to the welfare of the child, and that underdeveloped children, predisposed to tuberculosis, might be kept out of occupations in which too great demands were made on their strength. In Vienna medical control of such matters is easier than with us, because of the well-established system of apprenticeship. Most industries employ physicians, who examine applicants for apprenticeships and may reject the physically unfit. Theoretically, this is a good system, but Teleky has found it ineffective in practice. The physicians are almost obliged to accept or reject applicants according to the state of the labor market. Also, the best-paid industries get the strongest boys, while weaker boys must accept lower wages and poorer conditions or go into the unskilled occupations, which means that the children who most need it are not protected.

Realizing that the choice of occupation should not be made during school life and with the advice of teacher and doctor, Teleky, with the co-operation of other physicians, opened a consultation clinic for school children and their parents, in which advice was given as to the occupation for which the child was fitted.

He found that disease is produced in working children not only from improper conditions of labor,—heat, dust, insufficient light, stagnant air—but also by the work itself—the

physical overstrain placed on an underdeveloped organism which should have its energies conserved for growth. After studying the problem at first hand, and seeing all efforts to prevent the disastrous effect of labor on underdeveloped children fail, Teleky finds no remedy save the raising of the age limit for employment. The age of 16, he thinks, is early enough for children to enter industrial work; and even at 16 the transition from school life to industrial life should not be too abrupt. He agrees with Kaup that for the youth under 18 the work day should be limited to ten hours, including time for three meals, with each week at least three half holidays for study and sport, and each year a two weeks' vacation. The importance of such investigations, says The Journal of the American Medical Association, is that child labor by lowering resistance in the child may favor the development of tuberculosis in children.

UNETHICAL ADVERTISING.

In the inaugural address by President T. P. Beraus of the Medical Society of the County of New York, January 26, 1914, in speaking on the subject of medical ethics, said that the question which had perplexed them more than any other was the determination of certain principles of ethics, violations of which were being brought before them continually, and upon which action was demanded by those making the specific complaint. Dr. Berens said he referred particularly to the growing tendency to instruct the laity in the public press, and incidentally to bring into prominence the personality and practices of the individual physician. These articles varied from those with an obvious intent to exploit and advertise the author under a thinly concealed pretense at interview, and those of a purely altruistic nature where the personality of the author was less apparent. It was to call the attention of the society to this state af affairs that Dr. Sondern had been directed by the Comitia Minora to prepare the report which he would offer to-night. If they were wrong in considering the newspaper articles which he would mention as offensive against the best interests of the profession they would remodel their ideas relative to the standard of ethics; if they were right, it was to be hoped that this method of calling to the attention of those who had offended would work the improvement desired by them all.

Dr. F. E. Sondern, as the representative of the board of censors, then presented the report on "Publicity in the Lay Press by Members of the Society." He stated that the board of censors had observed with regret the rapidly increasing number of publications in the lay press concerning the professional activities of many prominent members of the society. It had been found that these articles appeared in the daily newspapers, particularly in the Sunday editions, in the weekly illustrated papers, and in the monthly magazines. Some were written by the physician himself and some by a lay author whose name was mentioned, but in the majority of instances it was difficult to decide if the article was written by the physician or by someone else. The majority of these publications had the physician's pictures, and some were profusely illustrated, showing the physician at work in his office, laboratory, clinic, or hospital. Examination of these articles showed that they might be divided into several groups: (1) Those designed for the publicity of the institution, calling attention to the achievements therein and the advantages it enjoyed, and while the success of one or more prominent workers was often unfortunately conspicuously displayed, the ostensible purpose of the communication was to help the institution. (2) Those concerning modes of treatment, and while the primary object seemed to be to satisfy the public desire for information there was unfortunate prominence given to one or more physicians whose pictures usually appeared in the article and whose personal success with the remedy in question was exploited. (3) Those concerning one man, detailing his origin, his education, his opportunities, his achievements, and his success, and while such publicity might be considered a suitable recognition of arduous labor well performed, there was usually something in the article which reduced it from a testimonial to a solicitation. Books were written by physicians containing advice on matters of hygiene, sex talks, and a host of other subjects intended to improve the public health, and these were sold or distributed gratuitiously. Again there were many instances in which philanthropy was but a cloak for personal aggrandizement. Many of the lectures delivered by physicians to lay audiences belonged under this head. According to the principles of medical ethics, enacted by those ripe in experience and whose modest personal lives commanded their respect, this was all advertising matter. It was not their intention to convey the idea that every article such as they were considering was an advertisement written by the man described for the purpose of increasing practice. There were, doubtless, some which appeared without the knowledge or consent of the man described. There were others, particularly those descriptive of institutions, in which the worker in his zeal to do justice to the great work accomplished therein unwittingly appeared in a prominent manner. But most of these were advertisements just the same as those in which a physician described his personal ability in the practice of medicine or of a specialty, and in the language of their code of ethics, they defied the traditions and lowered the tone of the profession. The excuse that such articles were in part copied from the medical journals was not valid, as all medical journals were copyrighted, and such reprinting could be prevented if desired. The Comitia Minora was not alone in this complaint. The accusation had come from other sources that the so-called noble profession was at present characterized by a spirit of commercialism and the crudest egotism. The German and English journals also showed evidence of the growing evil of publicity in the lay press. Saunby in his "Medical Ethics," London, 1907, stated that the publication of biographical sketches and other laudatory notices of medical men in the lay press was to be deprecated, and practitioners should not consent to this sort of publication. They should not sanction quotation of extracts from their published medical writings. It was not the duty or the intention of the board of censors to suggest action in this matter; but it was their duty as the result of complaint, to bring it to the attention of this society, with the comment that they deplored its occurrence

and were unable to stop what was believed in the main to be self-laudation rather than public health education. The public demanded information on the progress in medical science and had a right to do so, but what was printed should be the substantiated truth and not the possibly immature ideas of an enthusiast who might awaken false hope and by the unsuccessful outcome of his efforts lower the confidence of the public in the profession. This society had undertaken the work of public health education along other lines, and if it saw fit might also instruct the public through the medium of the press far more efficiently than was now done by the self-laudatory efforts which were the subject of this communication. The Nestors of their profession twenty years ago, whose prominence, accomplishments, and successes were as great as those of any to-day, confined their pictures to this building and the family album and their professional opinions to the medical press. There were among them to-day men of equal prominence whose pictures could not be purchased by the newspapers and whose opinions expressed in the medical journals never appeared in the newspapers. These were the men who were responsible for the respect of the community enjoyed by the medical profession as a whole.

WHAT SHALL THE COUNTRY DOCTOR DO WITH HIS PATIENT?

Read by Dr. E. J. Brown, Stanford, before the Lincoln County, Kentucky, Medical Society.

The object in writing this paper is to call the country doctor's attention to the fact that he "the country doctor" is sending or permitting by his own suggestion, his patients to go to the so-called "city specialist," thereby losing both the confidence of the patient in him as a physician and surgeon and also the money that is so justly his. We have none but the kindest feeling for the city doctor, and what the city has given us as a profession, but we owe something to ourselves and our patients. The country doctor here alluded to, is the one who has spared neither time nor money to equip himself with the very best instructions, libraries, instruments, laboratories and all modern devices for the purpose of diagnosis and treatment. Have not clinical and didactic work been just as much to him as his city neighbor? His text books are just the same. The X-ray, microscope, the cystoscope or the phonendoscope reveal the same conditions to him as to the city man. Osler, Price and men of that class, who have made the profession something of which to be justly proud, have said the most accurate diagnosticians were the country doctors. The country man keeps the pregnant woman under observation during her pregnancy, and is the "all and all" when she passes through the ordeal of childbirth. He circumcises the baby and guards it through its tender years, through the diseases of childhood with the vigilance of a mother. He attends any and all the family through pneumonia, typhoid, dysentery, meningitis, fractures, dislocations, sprains and bruises with perfect satisfaction to all concerned. Why can he not do the minor work which has much lower mortality than the diseases mentioned, with satisfaction? The true and only answer is: He lacks confidence in himself Appendicitis, cholecystotomy, prostatectomy and all abdominal operative lesions have much lower mortality than pneumonia, typhoid, or diphtheria, yet the so-called "specialist" is never considered in the latter, but most always in the former cases. For simple operations which can often be done in the office are frequently rushed off to the city to be separated from their minor ailments and their major filthy lucre. Varicocele, hemorrhoids, varicose veins, bone lesions, adenoids, pathological tonsils and many others too numerous to mention, which any man with good surgical skill and technique can perform as well and with as good results as any other man. These simple things take thousands of dollars out of the pockets of worthy country men, where it properly belongs.

The lack of confidence and getting in the habit of suggesting to the patient to see the city man, educates the people to expect it for any and all conditions before suggested; and no one to blame but the doctor for starting the habit. How much confidence from the people have we lost, and how many patients, just suggesting to them, when in the city to drop in and let Dr. So-and-So look them over, only thinking of the city man strengthening their confidence in you, and giving him a five or ten to increase his love for you; but not so, he pockets the fee, fails to write you expressing his gratitude, but does not forget to prescribe for your patient and keep up correspondence with him, about his or her present, past and future ailments, while you are very deservedly left in the cold for your silly courtesy.

Let us be far from believing that any but a small per cent. of city men are disreputable enough to split fees or take your patient, but that is not the idea intended, they are yours, by virtue of confidence they have in you—"until you have sent them away and caused them to doubt you," they are yours because you know as no other one can their idiosyncrasies, they are yours because you are entitled to the money there is in it. We doubt whether it is fair for the city doctor to say if this advice is dangerous, pernicious and malicious, because it is to his penurious advantage to encourage us that we are incompetent to do work of this character. But we want a good, free expression from the country men, as to whether we are right or wrong.

Let's make no mistake, or do any injustice to any concerned, if possible to prevent it. We have described the class of men to do the work, now say—am I right or wrong? If wrong I am forever silent, if not, now to the remedy. What steps shall the country doctor take to correct the already existing trouble? The man in the country who is absolutely alone, must show more self-confidence, keep up his reading and post-graduate work and get "busy" and do the work and get his lost confidence on the part of the people and himself restored. To the men in the country towns it is very easy. Where they have hospitals already there is no suggestion to make, only do the work when it comes up. The most to be said is to the men in the country town where there are, say, from three to seven doctors and no hospitals. The little imagin-

ary jealousy that exists must be removed and realize you are friends. Get together, give each other consultations, sustain and support each other's opinions, thereby strengthening each other in the eyes of the public, and keep your patients at home. Where several men are in the same town, if you choose, let each one by mutual agreement, in his post-graduate work, look more especially after certain lines and better familiarize himself with that particular work. For example, one general surgery, another genito-urinary, gynecology, another vaccine and serum therapy, and so on. If it is impossible to have a thoroughly equipped hospital, improvise one by renting a suitable house, get a mature intelligent woman, who can be taught cleanliness, asepsis and anti-sepsis, fit up a few beds and run it at a very low cost, something on the order of a large family. Splendid work can be done and great results achieved if this method is adopted. You will know what wonderful results are gotten in country homes, with improvised operating rooms and paraphernalia. This is only an outline, to get an expression and if we are right we will give you a sure enough paper on the subject; if not right this is a plenty.

This is not any censure to the city doctor. I would not say one word except to commend him, because the best friends we have are city doctors, but let's be honest. Have I not spoken the truth?

Editorials from Medical Journals

Harmony and Co-operation in Medical Societies.

From the Arkansas Medical Journal.

A secretary of a county medical society, in reporting the proceedings of a meeting, adds:

"Heretofore our society has been on the drag, and I am sorry to say that the year just past has been absolutely a failure. There is one thing we have needed in the society above all else, and that is harmony. Without this we can never hope to put anything in or get anything out. I believe in organized medicine, and, as your secretary, expect to do everything in my power to uphold it and try to neutralize the rattlesnake venom that existed in it for so long a time."

We did not print this in the report of the proceedings for several reasons. One is that we do not think that it is the proper place for it, as reports of meetings should be confined to the actual news. Another reason is that the secretary gives hopes of better things to come this year, and, with a secretary determined to do all in his power to build up the society and neutralize the venom alleged to exist, the hope should be realized; for a good secretary is the life of a society. And as repentance is at hand, it is not a good policy to expose the society's past shortcomings by identifying it by name.

Let the bickerings of the past be buried.

There is food for thought in this arraignment of the society by one of its officers. Harmony and co-operation are absolutely essential to the success of any society under the sun. "A house divided against itself cannot stand."

The noble profession of medicine is the holiest calling outside of the church. A profession given over to life-giving, whose first aim is to benefit mankind, has no room or place for petty jealousies or "rattlesnake venom," as our correspondent more emphatically puts it. All of us have something more to learn every day. We can learn it by interchange of views and experiences. Therein is the chief benefit of medical societies, county, district, State and national. We can learn nothing so long as we indulge feelings of envy and jealousy toward our fellows. Let us, in a broad spirit, give credit to every effort to enlighten and instruct rather than to disparage such effort because of personal prejudice or dislike. In the society and out of it be above indulging the baser emotions. Harmony and co-operation should be the watchwords in every medical society.

And, Mr. Secretary, don't be content with neutralizing that rattlesnake venom—eliminate it.

The New York Times and the Quacks.

From the Critic and Guide.

Whether one agrees or disagrees with the political and economic creed of The New York Times, one must admire and be grateful to it for its consistent and uncompromising stand against every sort of quackery, every variety of charlatanism. The medical profession and scientific research workers in general owe it a special debt of gratitude for its untiring and effective opposition to the various cults, unorganized quacks and plain grafters, who would fasten themselves upon the public to befuddle its brain, endanger its health and life and rob it of its money. The chiropractors, the Christian Scientists, the cancer and tuberculosis quacks, the antivaccinationists, the antivivisectionists, the medical freedom (?) leaguers, et id omne genus have more than once felt the shafts of its unanswerable logic or the lash of its biting sarcasm. New York would be a safer State for the quack and an unsafer State for the scientific physician and research worker but for The New York Times.

The Critic and Guide for one cheerfully and gratefully acknowledges the debt we all owe to The Times for its aid in our fight against quackery and charlatanism.

A State Medical Service.

From the Medical Record, June 27.

The old order is changing everywhere. In England more quickly than in any part of the civilized world. Whether, however, many of the changes are for the ultimate good of the individual, the community, the nation, or the race is an altogether different matter. It is argued by some that the State should assume control of most human activities, as such a course must benefit the people as a whole. Although this is not the place to discuss the question, it may be pointed out that in those countries in which the State has taken upon itself the direction of many activities the result has not been strikingly successful. Unfortunately, so long as politics enter so largely into the guidance of all human affairs there will be corruption, and the fact that the State is at the helm affords no guarantee that concerns under its management will be run either efficiently or honestly.

Recently there has been raised by some

medical practitioners in certain counties, notably in Great Britain, the cry that the medical profession should be State controlled, and a beginning in this direction has been made by the establishment of national insurance. In Popular Science Monthly for June, 1914, Prof. Paul L. Vogt pleads for a State controlled profession mainly for the reason that the prevention of disease would be more greatly aimed at than its cure. This is true to a large extent and prevention of disease might be greatly aided by a medical service devoted chiefly to this end. But it must not be forgotten that disease will be always with us, and that treatment will ever be the chief part of the physician's work. One objection urged in England against the establishment of a State controlled medical service is that patients would not be able to have free choice of medical attendants. The pros and cons are numerous and the entire matter requires much more discussion ere the medical profession or the community will be convinced that a State controlled medical service is desirable.

Abolition of the Saloon in Oregon and Washington.

From Northwest Medicine, May, 1914.

The warfare against the traffic in alcohol which is now being conducted in Oregon and Washington is of such a character that the careful observer will be impressed with the fact that at the November election it is very probable prohibition of the manufacture and sale of liquors will be carried in these two States. Advocates of prohibition in past years have made this a political issue which at times has involved much bitterness. In recent years we have seen the political importance of the subject gradually eliminated, while the moral and economic aspects have loomed large in the horizon. It has now come about that commercial as well as reform interests realize the deplorable and baneful effects of the consumption of alcohol by the people of our land. So acute has this feeling become that we find in many communities a combination of interests aiming to eliminate the use of alcohol, supported by those who themselves are not abstainers and who can in no sense be classed as reformers or prohibitionists. Recognizing as they do the demoralizing and depraving effects of alcohol on the human system, no class of our citizens is in a position so thoroughly to appreciate the evils of the traffic as physicians. None realize so clearly as we the overpowering role which alcohol plays in disease and death, both directly by its own effects and as an influence for the introduction of other diseases whose results are far-reaching and permanent. While the matter of producing total abstainers in the individual is not an issue, however desirable and beneficial such a result might be, the present efforts aim toward the suppression of the manufacture of alcoholics in these States and the elimination of the saloon, which is the most demoralizing and indefensible institution in the whole land. While it is not our intention to pose as a reformer or a censor of the morals of our fellows, we can not refrain from taking the opportunity of urging upon the medical profession the desirability of co-operating as a body in the accomplishment of the purposes of this movement. The physician above all others in the community is devoted to the propagation of all measure that will promote the well-being and good health of the citizens and to the suppression of all factors antagonistic to these results. Therefore we can foster no measure more consistent or harmonious with this policy than to encourage the suppression of the traffic in alcohol.

Advertising by Medical Men.

From American Medicine, March, 1914.

The newspapers have been so quick to draw false and hasty conclusions from certain portions of the discussion on professional advertising at one of the sessions of the midwinter Conference on Public Health, Legislation and Medical Education of the American Medical Association, held in Chicago, February 23 and 24—numerous news-items and editorial comments in the public press regarding one of the papers presented at the conference being particularly sensational—that we feel too great publicity cannot be given to the editorial in the Jour. A. M. A., (March 14, 1914) stating the real facts of the situation. As the editorial correctly states, the substance of the newspaper items was that the American Medical Association was considering the revision of its principles of ethics with a view to removing or modifying the restrictions placed on individual physicians as to personal advertising. Some of the reports stated that revision of the principles of ethics would be taken up at once, and that an overwhelming majority of members of the Association were in favor of such a change. In complete disavowal of this the editorial asserts: "So far as we know there is no intention or indication of any change in the position of the American Medical Association on this question; the reports in the newspapers were due to a misapprehension of the character of the paper in question and the intent of the writer.

The paper was an argument for a better understanding and closer co-operation between the medical profession as an organization and the newspaper publishers as a class. The author did not advocate or discuss the question of personal advertising on the part of physicians; the proposition set forth and defended in the paper and presented to the conference was something entirely different from personal exploitation; it was a plea for closer co-operation between medical organizations and the press for the public good, and not for personal benefit. It is suggested that the expert knowledge of the medical profession could be utilized by the public press in two ways: first, by the dissemination through the newspapers of scientific knowledge which would be of value to the public in preventing disease, and second, in placing at the disposal of those newspapers which desired it the expert knowledge of the medical profession in separating worthy and reputable from dishonest and disreputable institutions which might seek publicity through the newspapers.

Of these two important activities one has already been inaugurated by the American Medical Association, and the other is worthy of serious consideration. Neither of them, however, has the slightest bearing on the question

of personal exploitation of physicians through newspaper advertising or by any other means. An honorable physician could not conscientiously advertise for personal business, for the same reason that the honorable minister and lawyer would not advertise. A professional man has no commodity to sell; his only assets are his scientific knowledge and his personal ability; and he who claims to possess greater knowledge or greater skill than his professional associates—whether physician, preachers, or lawyers—is an egotist, or worse, and forfeits respect of both his professional brethren and his fellow citizens."

It is true we have honestly differed with some of the policies and methods of those in immediate charge of Association affairs, and have exercised the right that every Fellow ought to possess—the right to hold and express contrary opinions—but we have been so thoroughly in sympathy with the efforts to educate the laity in regard to hygiene, sanitation and public health generally—briefly, to dissipate popular medicical fallacies and in their place provide the comprehensive information on medical topics every intelligent layman ought to have—that we welcome the opportunity of doing our part to show that the Association has been placed in a false light on this medical publicity question, and that the position actually taken is one no conservative, self respecting physician can rightly take the slightest exception to. It is futile for the ultra-radicals to cry that times and conditions have changed and therefore the physician must advertise like the vendor of commodities. Times and conditions have changed, thank God for that, but the relation of the honest practitioner of medicine to those who need his services has not changed—and humanity can thank God for that. As long as the doctor's value to his fellow men depends on the service he renders to those who depend on his knowledge, personal ability and skill, just so long will self respecting medical men refrain from advertising their personal attainments and qualifications.

The Association deserves the unreserved support of every earnest, public-spirited physician in its efforts to impress the lay press with the desirablity of greater accuracy in publishing medical news. The suggestion that medical men should co-operate with the newspapers to secure such accuracy has everything to commend it, and no intelligent person will interpret it as a recommendation to physicians to seek greater publicity for themselves. The position of the Association on this whole question of medical publicity is absolutely correct.

Lues: The Incorrigible.

From The Therapeutic Gazette, May 15th.

One of the fairest and most straightforward presentations of our present knowledge concerning syphilis and its treatment is presented by Cunningham in the Medical Record of March 21, 1914. He begins his article with this striking sentence: "We have shot our last bolt, made our last bombastic boast, exploited to the limit the patented panacea of the new Apostle Paul, and we are still confronted with the unpalatable truth that in lues our medication offers no assurance of success. After a faithful adherence to the prescribed treatment, the luckless luetic who is entering on the long martyrdom of locomotor ataxia might well exclaim in the manner of the Bard of Avon, 'A pox on both your houses! salvarsan and mercury.'"

It having been demonstrated long since that mercurial treatment does not by any means prevent late syphilitic manifestations, which are apparently due to the hiding of the specific parasite in portions of the body where it was not hitherto known to exist, it is also becoming more and more evident that treatment by salvarsan, however efficacious it may be in destroying the spirochætæ in secondary lesions, is as ineffective as mercury in preventing locomotor ataxia and paresis; or, in other words, it is essential not only to use salvarsan in the early and late stages of syphilis, but to accompany or follow it by the administration of mercury as vigorously and for as long a time as we have been accustomed to do heretofore. Cunningham goes so far as to assert that nothing more is to be expected from salvarsan than from mercury, and that neither of these drugs is a preventive of the deplorable consequences of syphilitic infection; or, as he well puts it, "the outer works may be swept clear of the enemy, but the citadel is still in its hands." In other words, it is beginning to look as if a patient suffering from this disease has been only partly rid of the danger of late nervous manifestations, and partly rid of the danger of transmitting the disease to his offspring. It is a noteworthy fact, too, that in many instances those patients who lead the most correct and abstemious lives, after infection, and who are encouraged by their good health to believe that they are well, nevertheless ultimately are stricken with cerebral or spinal maladies and reach a miserable end by their development. Possibly the very fact that many syphilitics escape nervous manifestations for such long periods after infection serves to deprive the disease of the degree of horror which would be attached to it if the sequence of events followed one another more closely.

As an illustration of the fact that we still have much to learn concerning this malady and its treatment the extraordinary immunity possessed by women to nervous syphilis stands out prominently. Sexual excesses and alcoholism, which are supposed to add to the chances of a man developing paresis or ataxia, are equally active factors in many women who are syphilitic, yet they escape nervous symptoms. Why the spirochætæ should attack the cerebrospinal system of a man and fail to attack this system in a woman is one of the puzzles not as yet solved. This puzzle is the more difficult of solution because the diseases produces just as active changes in the cutaneous, mucous, and other tissues of the body in women as in males. Another puzzle exists in the fact that certain men who are actively treated develop nervous lesions, and others who are notoriously careless as to treatment frequently escape. So far the important lesson is that not only are repeated doses of salvarsan essential, but that active treatment by mercury is just as necessary as if salvarsan was not used.

All these facts lead Cunningham to make a vigorous denunciation of the means by which syphilis is usually acquired, and he vigorously attacks the commonly held view that self-restraint is unwise or impossible. He urges that the ghastly ultimate results be constantly brought before the minds of men whose moral

tone cannot be sufficiently increased to make them restrain themselves because of it. As he well says, "Displays of temper are avoided in many instances because the individual knows that he will be punished for such a display. In one case the punishment comes at once; in another, perhaps twenty years later."

Cunningham does not attempt in his article to deal with the moral aspect of this question, but takes it up solely from the standpoint of hygiene and common sense, and ends up with these vigorous words: "If men will dance to the moans of outraged virtue they will pay in the coin of idiocy, ataxia, and premature death." Almost every medical man of experience knows that this is true. The chief difficulty is that the medical man is consulted after the fire has burned its way into the tissues and not before exposure has taken place. It would be wise if those who are interested at the present time in the campaign against the social evil would obtain permission to reprint this article and distribute it widely where it will do most good.

Editorials from the Lay Press.

The Doctor's Dilemma.

From the Chicago Tribune.

When a child becomes sick at night the first thing the anxious parents think of is the doctor. They have no hesitancy to wake him up before dawn. They will drag him out of the house before breakfast. The few minutes he takes to dress seem ages to them. If they could they would transport him on wings to their sick child's bedside.

But just as the doctor is thought of first in illness, he is thought of last after the patient has recovered. Doctor bills are postponed to the last. In no profession or business is the amount of unpaid bills as great as in the medical profession. It is not surprising that a doctor now and then scorns a call from a family he has down on his list as "dead beats."

For scorning a call from a family that had not paid him for services previously rendered a physician was killed the other day by the irate head of this family. No doubt the slayer of the physician will try to defend his action on the ground of having been crazed by the sufferings of his child. But it will be a false defense. It was murder pure and simple. And the unreasonable attitude which the public takes toward the physician is in part responsible for it. We are too apt to forget that the doctor has rent to pay and grocer bills to meet.

The Noise Nuisance.

From the Daily State Gazette, Trenton.

A great many cities are paying attention just now to the noise nuisance.

There are some noises, to be sure, that cannot be avoided. The "turmoil of traffic" on brick paved streets is one of them. Motor cars go skimming along with no more noise than they make on an asphalt pavement, but steel tired wheels on a brick pavement make a racket for which there appears to be no silencer.

These and other noises cannot be prevented, but the noises causing most complaints do not come from such sources, and could and would be suppressed if proper efforts were made to check them.

For instance, motor cars and motor cycles can be controlled without emitting roars that disturb entire blocks, and the use of the "cut-out," so common where these vehicles run, is as useless as the proverbial "fifth wheel to a wagon."

Certain types of motor horns are far worse than the whistling of locomotives, and should not be tolerated. Wagons, if kept in proper repair, will not rattle in such a manner as to herald their approach several blocks away.

Common sense and common necessity should impel the city authorities to place under the ban all disturbing noises that serve no useful purpose.

Sanitation.

From the State Gazette, Trenton.

The death of a single soldier from disease in Mexico is regrettable, but the announcement that a Pennsylvania officer of the marine corps has just passed away in Vera Cruz is a fresh reminder of the remarkable small death loss that our troops have suffered since their occupation of Vera Cruz.

In the olden days, United States troops stationed in a tropical climate would have been carried away by the scores, but so great has been the change in sanitation that among the thousands of soldiers who have been at Vera Cruz since the beginning of the Mexican trouble, only a few have succumbed to the ravages of disease.

This does not mean that they have not suffered from the hardships of service in the tropics, but so efficient has been the sanitary corps and the medical service that the low death rate has broken all records. That clean-up order issued by the American commander immediately after peace had been restored after the occupation of the city meant the salvation of hundreds of valuable lives.

It was the story of Panama under the Americans over again. Sanitation means as much for the success of a military campaign in the tropics as good marksmanship.

TEETH AND EYES.

From the Daily Telegraph, London.

A firm and well-grounded hopefulness has been the characteristic note of the discussion of various points of public hygiene entered upon in the course of the past few days at the opening of the International Medical Congress, at the Conferences on Tuberculosis and on Infant Mortality, and at the meeting of the British Dental Association. The broad fact is established and recognized that there has taken place in the past twenty years or so an immense change in the public mind—a change affecting every class—with regard to the responsibility of individuals to themselves and to the nation for maintaining healthy conditions of life. A typical case is that of the care of the teeth, a subject dealt with not only by the Dental Association at Cambridge and in the section of stomatology at the Medical Congress, but by other speakers in glancing over the whole field of improvement in the physique of the nation. It seems but a few years ago that the condition of the teeth of the rising generation was

being discussed in accents of despair. Unsound dentition, with all its miserable consequences of malnutrition and general ill-health, was spoken of as if it were a condition to which we were all unavoidably tending; especially were the teeth of the children of the working class treated as beyond hope. In the past few days we have heard, from various mouths, a very different story. One investigator has shown that the children of the poor, who are commonly nursed at the breast, have, as a consequence, much less tendency to dental disorders than the children of the well-to-do, who are, in a far greater proportion, artificially fed in infancy. But that is only one aspect of the matter. In another qaurter it has been pointed out that the immeasurable spread of knowledge in recent years as to the proper care and diet of children, after the age of extreme infancy, has not only greatly decreased the mortality among them, but incidentally saved vast numbers from the misery of nusound teeth. When neglect or ignorance has allowed the initial trouble to be set up, moreover, there is the medical inspection and treatment in the schools, and the operation of the Insurance Act, to mitigate it and check its development. Soundness of teeth is among the points upon which Mr. John Burns has just decalred that "there was no comparison between the children now to be seen in the streets of Deptford, Battersea, Bermondsey or Rotherhithe, and the children he saw when a boy." As for the offspring of wealthier parents, their teeth are far less exposed to-day to the dangers of unhealthy luxury in diet than they were, and far more attention is given to the repairing of mischief done. An immensely increased understanding of the laws of health in general is, in fact, visible to-day throughout the nation, and the days when the grandmother, with her innocent accummulation of fatal follies, was the chief oracle and authority about the cradle, are nearly at an end.

If we turn to the eyes, we shall find the healers in council bearing witness to the immeasurable advance made in the ophthalmic science in the present generation. The public agencies already mentioned are dealing to-day with the beginnings in childhood of disorders of the eye which used formerly to go on unchecked through life until the power of sight was damaged beyond repair. But apart from that most beneficent change, the power of the surgeon to deal successfully with ocular disease is infinitely greater to-day than it was comparatively few years since; his knowledge of the nature and causes of what he is attacking is greatly enlarged, and his armory—as Sir Anderson Critchett expressed it in his opening address to the Medical Congress's section of ophthalmology recently—has been increased by many new and valuable weapons. Eyesight has been saved in recent years for many thousands whom the science of an earlier day could not have rescued from blindness. Microbe diseases of the eye are treated to-day with far more success than was possible when bacteriology was less advanced. Many kinds of injury to the eye are no longer the matter of guesswork that they were before the X-rays were available to localize foreign bodies within the globe. The association of certain eye troubles with unhealthy conditions elsewhere—in the mouth, for instance—has been demonstrated, to the relief of much hitherto incurable suffering. Most remarkable of all, perhaps, is the advance made in the possibilities of ophthalmic operation by the use of local anaesthetics. The eye, one of the most sensitive parts of the human body, can now be incised or cauterized without the least pain to the patient, and without injury to the organ; cataract, ulceration and other disorders can be dealt with to-day far more freely and confidently than ever before. We have mentioned no more than a few of the vast changes which modern research and skill have brought about in the treatment of ocular disease or injury; there is no branch of surgery, perhaps, in which more progress has been made, or which has contributed more to the relief of human suffering or helplessness. Yet it is, like dentistry, but a single branch of the immense activity of the healing science in our time—the science which is only now beginning clearly to realize the possibilities of beneficence and social amelioration before it, in an age when more and more minds are realizing the truth that there is little joy without usefulness, and little usefulness without health.

Therapeutic Notes.

Dandruff—Sulphur Ointment In.

Dr. Brayton recommends in the Ind. Med. Jour. an ointment of 1 ounce of cold cream, 1 dram of precipitated sulphur, and 30 grains of salicylic acid as an excellent treatment for dandruff, and also for seborrheic dermatitis of the scalp and face. White precipitate ointment may be used for the limbs and trunk, and sulphur ointment for the scalp.

Delirium Tremens.

Dr. Scharanke, in Meunch. med. Woch., says: At the Strasburg hospital it has been found quite unnecessary to give alcohol to patients suffering from frank or impending delirium tremens. At the most, a little sherry may be added to the food if the patients refuse nourishment. The sovereign remedy is digitalis, which should be given promptly and in rather large doses. The writer uses digalen, and gives 10-20 drops, three times daily, by mouth. A prompt improvement usually follows. Before this treatment was used in the hospital, 8 out of 69 cases of alcoholic delirium died; since then, 23 patients have been treated without a death.

Furuncles—Iodine and Ichthyol In.

Dr. M. Burger, in Medizinische Klinik, Berlin, details the use of iodine and ichthyol in the treatment of furuncles, as follows: In the case of soft furuncles, these are painted with tincture of iodine, and then covered with a 10 per cent. ichthyol ointment. When pointing occurs the pus is evacuated and the surrounding skin is cleansed with benzine in order that fatty substances may be removed. The tincture of iodine is again painted on and the ichthyol ointment is again applied. As soon as suppuration has ceased the use of the iodine is discontinued, and applications of pure ichthyol are now made. Finally, if an extensive raw

surface is left, the following ointment should be applied:

℞ Nitrate of silver, 1 gram.
Balsam of Peru, 5 grams.
Lanolin, 100 grams.

In the case of hard furuncles it is necessary to persist in the application of tincture of iodine, followed by that of pure ichthyol. The latter may be allowed to dry on, and may be left exposed, or may be covered by a compress of gauze. The following day the ichthyol is washed off with hot water and the application of iodine and then of ichthyol is repeated. This procedure is repeated from day to day. When suppuration occurs and drainage is effected, the use of the tincture of iodine is discontinued, but that of the pure ichthyol is kept up.

Gastritis—Chronic.

Liq. strychninae (B.P.), m iij.
Acidi hydrochloric diluti, m iv.
Tinct. aurantii, ʒss.
Glycerita pepsinae, ʒj.
Spiritus chloroformi, m x.
Aquae, q. s. ad ℥j.
M. Sig.: One dose three times a day after meals.—Lancet-Clinic, Cincinnati.

Gastrointestinal Catarrh.

℞ Creosoti, m iv.
Bismuthi subcarbonatis, ʒj.
Liq. calcis, q. s. ad ℥j.
M. Sig.: Tablespoonful t. i. d.—Med. Sentinel.

Ivy Poisoning.

Dermatitis venenata, always very unpleasant and occasionally dangerous, presents as long a list of possible medicaments as is claimed for pertussis or pneumonia.

Recent studies have demonstrated the cause of the irritation and it is now known that the irritating agent may be neutralized by permanganate of potash solution. The application of the permanganate solution gives great relief and when used soon after exposure or as soon as the first vesicles appear will avert the distressing itching. Treatment should be as follows: First thoroughly wash the part or parts with warm water and soap; then use an alkaline wash, as for example a teaspoonful of bicarbonate of soda to one pint of water. Following this should come several washings in warm 2 per cent. to 4 per cent. solution of permanganate of potash. The strength of the permanganate solution should vary according to the severity of the attack.—Med. Review of Reviews.

Myalgia.

℞ Methylis salicylatis, fʒiij.
Mentholis, gr. xx.
Linimenti aconiti et chloroform (N. F.), fʒiij.
M. Sig.: Rub in every two or three hours.
℞ Antipyrinae, gr. lxxx.
Sodii salicylatis, ʒij.
Dioninae, gr. viij.
Syrupi aurantii.
Aquae, aa f℥j.
M. Sig.: Teaspoonful every three hours.

Lichen Planus.

Dr. R. L. Sutton, in the A. M. A. Journal, recommends the following as a cooling, antipruritic ointment, which is at the same time more or less curative:

℞ Phenolis, m v-x.
Mentholis, gr. v-x.
Ung. hydrargyri ammoniati.
Ung. zinci, aa ʒij.
Adipis lanae anhydrosi, ʒiv.
Liquoris calcis, q. s. ad. sat.

Fiat ung. Sig.: Apply freely twice for three times daily.

When the itching is very troublesome, the following application is of value:

℞ Mentholis, ʒiss.
Thymolis, ʒij.
Chlorali hydrati, ʒj.
Chloroformi.
Ol. eucalypti, aa ʒij.
Ol. gaultheriae, ʒiv.
Alcoholis, ʒviij.
M. Sig.: Shake, and apply twice or three times daily.

This preparation is powerfully rubefacient, but it is of value in many intensely pruritic conditions.

Lumbago.

℞ Potassii iodidi.
Potassii carbonatis, aa ʒj.
Tinct. aconiti rad., fʒij.
Aquae, f℥x.
M. Sig.: Poison. Apply locally every three hours—Erichsen, in Med. Fortnightly.

Novocain and Potassium Sulphate.—Gebb (Muench. med. Wochenschr, No. 9, 1914). Hoffmann and Kochmann have shown that the anesthetic action of novocain can be greatly heightened by the addition of potassium sulphate, so that much smaller doses suffice for the same results.

Gebb has utilized such a formula for all sorts of operations about the eye, even for enucleation. The solution may be put up as follows:

℞ Novocain 0.5
Solut. potass. sulphat. (2%)..... 20.0
Solut. sodii chloridi (0.09%) ad...100.0
Sol. suprarenin. (0.1%) gtt. XX.

This makes only a 0.1 per cent. solution of novocain, which will nevertheless produce complete local anesthesia in from ten to fifteen minutes after injection.

Ringworm, New Treatment for.—

The following treatment has been found by the author rapidly curative: The part being first washed with a strong solution of sodium bicarbonate, it is next swabbed with a piece of lint moistened with spiritus aetheris (1 part of ether to 2 parts of alcohol) to remove the grease. It is next dried, painted with tincture of iodine (B. P., 2.5 per cent. of iodine) and an ethyl chloride spray immediately applied. It is best to work with a pair of ethyl chloride tubes in each hand, thus covering a larger area in quicker time. The deeper the disease process, the longer the spray must be applied. The spray is continued until the integument gets china white. In from twenty-four to forty-eight hours the patch of ring-

orm has became quiescent. Next tiny spots hould be looked for and treated in a simi-ar manner, when they will also disappear in rom a few days to a week. In ringworm of he scalp 3 or 4 applications of iodine and pray are required, but on the face or smooth urfaces 1 application suffices. The author as succeeded in curing ringworm of months' tanding in one week by this method, and it as never failed him.—C. H. Foley, in London ancet.

Seborrhea of the Face.

Seborrhea of the face (pityriasis simplex) ccurs in individuals whose scalp is similarly ffected. It consists of fine, fatty scales on a ed base, and has a predilection for the upper art of the forehead and sides of the nose. t may be quickly cured by the following intment, which should be rubbed on each ight and washed off with soap and water in he morning:—

℞ Sulphuris praecipitati, gr., xv.
Resorcinolis, gr. x.
Olei cadini, mx.
Paraffini mollis,
Adipis lanae hydrosi, aa ℥ss.

Any coexistent seborrhea of the scalp must be treated on the usual lines.—D. J. Guthrie, in Prescriber.

Sodium Bromide in Gastric Diseases.

Dr. M. G. Leven, in Bulletin General de Therapeutique, extols the value of sodium bromide in the treatment of diseasesof the stomach. With or without the addition of subcarbonate of bismuth sodium bromide is useful in sensory, motor, and secretory disturbances of the stomach which are not controlled by dietetic measures. The author prescribes sodium bromide in those cases in which alkalies, belladonna, and opiates are frequently used. The drug is of eminent value in the treatment of hypersecretion, spasm of the cardia or pylorus, and the various ill effects of aerophagia. Sodium bromide is used in preference to the other bromide compounds in the following prescription:

℞ Sodium bromide, 20 grams.
Sterilized distilled water, 300 grams.

One tablespoonful of this solution is given morning and evening, the dose being 1 gram of the salt. The remedy is to be taken one-half hour before meals in one-half glassful of water.

Friedmann Tuberculosis Remedy.

Dr. B. Scholz, in Medizenische Klinik, Berlin, reports from Frankfurt twenty cases of pulmonary tuberculosis given the Friedmann treatment with no benefit in any instance. All reacted to the Simultaninjektion with high fever and severe malaise, slight cyanosis and headache preventing sleep. In four cases the disease continued a rapidly progressive course, one lost four pounds and in another patient with surgical tuberculosis a new process developed in the foot under treatment. He remarks in conclusion that the injections of the Friedmann remedy are in various directions dangerous and even in cases without direct injury to the patient they are frequently followed by right annoying phenomena. He consequently wishes to be classed with those who warn urgently against further application of the remedy.

Hospitals; Training Schools.

Large Bequest to Mercer Hospital.

It is reported that Mercy Hospital, Trenton, will receive about $128,000 from the estate of Albert Whittaker.

Overlook Hospital, Summit, to Get Legacy.

News has been received here that the bequest of $50,000 to Overlook Hospital by Smith Ely, former Mayor of New York, was upheld yesterday by the Appellate Division of the Supreme Court of New York, although the same decision held to be invalid bequests totaling $250,000 to other charitable institutions.

Resident Physicians Cooper Hospital.

Graduating from Jefferson University with distinction, the following physicians have been selected as resident physicians at Cooper Hospital for the coming year:

Dr. George F. Horn, Dr. Charles E. Sharp, Dr. John H. Moss, Dr. E. Clements Leach, Dr. Bert G. Voorhees.

To Remodel Muhlenberg Hospital, Trenton.

Now that all the new buildings have been completed at Muhlenberg Hospital, the board of governors announced that steps will be taken to remodel the old buildings. It was stated there is still uncollected $7,500 of the $200,000 subscribed during a "whirlwind campaign" two years ago.

Work for Glen Gardner Patients.

Provision for light occupations to be carried on by patients at the State Sanatorium in Glen Gardner, under direction of a trained social worker, was decided upon at a meeting in Montclair, July 17th, of the board of managers, held at the Hotel Montclair.

Wells Memorial Hospital, New Brunswick.

The twenty-ninth annual report of this hospital has recently been issued for the year ending March 20, 1914, and from which we take the following items: The whole number of patients cared for and treated during the year was 448, or 7 more than the previous year; 214 were treated free, 234 paid wholly or in part; there were 261 males and 187 females. There were 259 surgical and 189 medical cases. There were discharged: Cured, 302; improved, 71; unimproved, 11; died, 36. In hospital, March 20, 1914, 28 patients. The average number of patients was 18 3-13; the average length of stay was 14 3-4 days. There were also 44 outside patients with 97 visits to hospital for treatment. In the obstetrical section 20 babies were born. The average cost of patient per day was $2.21.

The freeholders of Middlesex County donated $5,000 toward expenses of the hospital. The Common Council of the city conveyed the city's title, under the provisions of the Martin act, the lots adjoining the hospital property. The churches contributed $537.13 and the Ladies'

Hospital Aid Association $1,013.24. The latter reports a balance on hand of $310.69.

The medical staff consists of Drs. Cooke, Donohue, English, Gutmann, Hoffman, Riva, Runyon, Schureman, Smith and Voorhees with Dr. Brown as anesthetist and Dr. Scott as pathologist. Dr. Smith is president and Dr. Schureman, secretary.

St. Michael's vs. City Hospital Ball Game.

The first medical base ball game in Newark was played May 28th, when the City Hospital nine lost to St. Michael's by 9 to 8.

The line-up was as follows: St. Michael's—Dr. John E. Parker, pitcher; Drs. John J. Burne and Howard A. Dukes, catchers; Dr. Albert S. Harden, first base; Dr. Charles L. O'Neil and Dr. Otto G. Matheke, second base; Dr. Joseph L. Fewsmith, shortstop; Dr. John A. Casale, centre field; Dr. Franklin J. Tobey, right field, and Dr. Edward B. Weldon, left field.

City Hospital—Dr. Elroy W. Smith, pitcher; Dr. Gustave Zulauf, catcher; Dr. George W. Vannatta, first base; Dr. Van Ness, second base; Dr. J. W. Hurff, third base; Drs. E. A. Curtis and Harry Lowenstein, shortstops; Dr. Clarence R. O'Crowley, centre field: Dr. Joseph R. Morrow, right field, and Dr. Joseph V. Connole, left field.

Contagious Diseases among Hospital Employees.—A study of the occurrence of contagious diseases among city hospital employees in New York for the years 1907 to 1913, inclusive, shows that the number of infected varies from twenty to thirty-three for each of these years. The number of employees varied from 349 in 1907 to 856 in 1913. The average of those infected for the second half of the period is distinctly lower than that of the first half, which may signify either lessened susceptibility or greater care among the workers. A large percentage of persons infected were nurses, and the medical interns did not escape. Of the total number infected, however, approximately two-fifths were domestic employees.

The Hospital's Responsibility in the Practice of Fee-Splitting.

From the Indiana State Medical Journal.

The practice of fee-splitting has been quite fully discussed by the medical and lay press. The giving and receiving of commissions has been almost unanimously condemned. The few exceptions are those who profit by it, and very few of these have had the temerity to defend it openly. The practice is dishonest and no thinking person need be misguided. It should be abolished. The undivided effort of the best of the medical profession is directed to this end.

Have we not the right to expect the co-operation of all forces for good? The trustees of hospitals and the religious sects which own and conduct the majority of these have an obligation they cannot escape. If they admit to their staffs men who resort to fee-splitting and delude and fleece their patients, the hospitals will be morally responsible. Have they the right to countenance men given to dishonest practices? Would they allow abortionists to use their institutions to further their practice? would they extend their privileges to the quacks who deceive and rob their victims? Certainly they would not, for public sentiment would soon drive them out of existence.

These hospitals now generally admit doctors who are notorious "fee-splitters." Why do they not stop it? They cannot enter a plea of ignorance for it is their duty to know the moral and ethical standing of all physicians who bring patients to them. Suppose, for example, a physician was known to be dishonest, that he performed unnecessary operations for a fee, that his only object was revenue and he treated these patients only with the idea of their money production, yet the hospital allowed this practice go on and, by silence, was accessory to the crime, would it not be equally guilty?

Can the hospital authorities simply say they do not know? Surely an enlightened public will demand that they inform themselves.

The unfortunate patient who goes to a hospital and is there defrauded and mistreated by a fee-splitting doctor, will hold the hospital in a measure responsible. In the great crusade against fee-splitting we have a right to expect earnest, intelligent and efficient help of the hospital authorities and all moral, charitable and religious forces back of them. If all hospitals would withhold the use of their wards to fee-splitting doctors, the practice would soon be broken up.—E. W.

St. Luke's Hospital, Tokio, Japan.

A Japanese council to arrange for the extension of St. Luke's Hospital, Tokio, was formed at a meeting held in Tokio on July 1. Count Okuma, the Japanese premier, presiding. The hospital was established some years ago by Dr. R. B. Teusler, who was sent to Japan as a medical missionary of the Episcopal Church in this country. It is now planned to make it a thoroughly modern international hospital as a practical monument to international friendship and co-operation in medical science. Many Americans here are also interested in the project.

Training School State Hospital, Greystone Park

The graduating exercises of the Training School for Nurses was held on the evening of July 23 in the Hospital Chapel, when nine nurses graduated, one of them being Miss Margaret Snow Evans, a daughter of the medical director, Dr. Britton D. Evans. There were four other young ladies and four men graduates.

Dr. Frank D. Gray, president of the Medical Society of New Jersey, made the principal address. He said in part that the medical profession had existed for over twenty-four centuries. Nursing, he told the graduates, had been in existence for about fifty years. In the year 1913 there were 1,100 training schools for nurses and about 25,000 trained nurses in the United States. He advised the nurses that adaptability, tact and observance were the first requirements for success in their chosen profession. He implored them to be progressive, saying that they must either live in the future times or in the past times; if they wished to live in the future times they must conduct their studies and gain knowledge from books and from the study of human nature. He advised them that the way to gain knowledge was by

asking question just as a child learns. He told them that their duties were threefold; first to the patient, second to the family and third to the physician, although their duty to the physician should hardly be placed third. He advised them not to make a burden of themselves in any household where they were called upon to care for cases, but to make themselves as agreeable as possible. He warned them against alarming the relatives of sick people and against repeating secrets they heard while practicing their profession. He told them not to criticize the family physician as there were plenty of others who would do that. Nursing he considered a sister profession to the medical profession, but not as yet a twin sister, and that the nurse was the lieutenant and the right-hand of the doctor, and only in cases of real emergencies should he or she become the general.

Dr. Evans, who presented the graduates with their diplomas, gave a history of the hospital. He stated that the Training School for Nurses at the New Jersey State Hospital at Greystone Park was started in the spring of 1894 and up to the present time 226 men and women had been graduated.

Dr. Thomas N. Gray, East Orange, reminded the graduates that the summer months were the months of brides and diplomas. In this season of the year, young men and women are graduating from single to double harness and receiving their diplomas; that the fulfillment or failure of their lives depends on the viewpoint they take of the life they are entering. The same thing applies to the diplomas given to the young men and women in the schools and colleges, whether they reach fulfillment or failure in their chosen professions depends upon the viewpoint they take when they enter the profession, especially does this pertain to nursing and medicine. He told the graduates that the diploma was a seal of accomplishment but that they should not consider that they had completed their life work and simply go along as a careless, egotistical and I-know-it-all nurse. He also admonished them to keep inviolate any secrets they heard in the household and in all cases to make careful notes of exactly what happened to the patient from the time of the doctor's last visit until he again saw the sick person.

MEDICAL EXAMINING BOARD'S REPORTS.

	Examined.	Passed.	Failed.
Colorado, April	7	6	1
Dist. of Columbia, April	10	8	2
Louisiana, April	64	59	5
Minnesota, April	5	5	0
Mississippi, June	55	35	20
Montana, April	41	25	16
New Jersey, June	26	22	4
North Carolina	118	81	37
Oklahoma, January	8	5	3
Pennsylvania, June	78	65	13
Rhode Island, April	7	6	1

The New Jersey Board of Examiners also licensed the two osteopaths and the nine chiropodists; also nineteen of the twenty-six midwives who applied, seven of the latter having failed to pass the examination. The secretary of the board also reports that the medical license of Dr. Harvey J. McCloughan, of Newton, has been revoked.

The Long Island College Hospital, Brooklyn, has undergone complete reorganization in order to meet the modern requirements of teaching medicine. It has instituted a five year course to take effect in September of this year, and has arranged to add over twenty full-time members to its faculty and every department has been increased. The junior year will be given over to dispensary work and didatic medicine and surgery, and the senior year will be devoted entirely to bedside work in the hospital owned by the college, which, with the new addition, will give the institution 560 beds.

In a recent address at the Western Reserve University, Cleveland, Ohio, Dr. Abraham Flexner, of the General Education Board, Rockefeller Foundation, said: "Within the past three years American medical schools have undertaken to apply the full time or university idea to the main clinical departments. They are Johns Hopkins, Washington University and Yale University. It is proposed to create full time salaried staffs in medicine, surgery and pediatrics, such staffs comprising a professor, an associate professor, or two assistants. These men would devote their entire time to the service of a school and a hospital. They would accept in return the typical university rewards; moderate material compensation and large intellectual satisfaction. In time all American medical schools will feel the need of reorganizing their clinical departments along these lines."

Teaching Fellowships.

The Medical School of the University of Minnesota has adopted the principle of teaching fellowships in the clinical departments, with the end in view of providing well-trained full-time assistants and research workers, and at the same time giving a basis for graduate instruction in the various specialties. It is arranged that the fellowships be in three grades, viz.: first year, $500; second year, $750; third year, $1,000.

To be eligible to a first-year fellowship a candidate, as a general rule, must have received his M. D. degree from an acceptable school, and have served one year as interne in a good hospital. The Fellows appointed under this system will give their entire time to study, research, and such assistance in clinics as they may be prepared for. A course of study will be laid out for each Fellow, adapted to prepare him for the specialty chosen by him. This course will include work in the laboratory branches, dispensary service, hospital service, and investigation. It is probable that the course (of two or three years) will lead to a degree properly recognizing the specialty in which the candidate has worked. Arrangements may be made whereby these Fellows can spend one year at the Mayo Clinic, and count the same toward the advanced degree.

In order to inaugurate the system the Board of Regents of the University has authorized the following teaching fellowships for the next school year: one each in medicine, in surgery, in obstetrics and gynecology, and in eye, ear, nose, and throat; each of $500. There is also provision for one $500 fellowship and one $1,-

000 fellowship in mental and nervous diseases, or, in lieu of these, a $1,500 instructorship.

Applications for these positions may be sent to the Dean, The Medical School, University of Minnesota, Minneapolis.

Marriages.

COSTELLO—LOUGHLIN.—At Dover, N. J., July 16, 1914, Dr. William F. Costello to Miss Mary L. Loughlin, both of Dover.

DE GARMO-HORNBY.—In New York City, June 17, 1914, Dr. William B. De Garmo, of Summit, to Miss Alice K. Hornby, of New York.

GARRISON-HARTPENCE. — At Cedarville, N. J., July 7, 1914, Dr. W. Sherman Garrison, of Bridgeton, to Miss Emma Britton Hartpence.

WILLIAMS-SCHMIDT.—In Trenton, N. J., July 15, 1914, Dr. Harry D. Williams to Miss Elsie Schmidt, both of Trenton.

Deaths.

GRIFFITH.—At Phillipsburg, N. J., July 28, 1914, Dr. John Henry Griffith, aged 72 years.

Dr. Griffith was born in Monmouth County, July 3, 1842. He received his early education at the New Jersey Classical and Scientific Institute at Hightstown and later went to Pennington Seminary. After that he taught school for seven years and then began the study of medicine, later entering Jefferson Medical College at Philadelphia, from which he graduated in 1870.

On August 28, 1869, Dr. Griffith married and settled in Phillipsburg in 1872. Prior to that he had been an intern at Bellevue Hospital, New York. He was one of the earliest members of the Warren County Medical Society and a member of the committee that prepared the historical sketch of that Society. He was also historian of Phillipsburg for many years. He was a member of the Medical Society of New Jersey and of the American Medical Association. In 1897 he was a member of the Board of Prison Examiners. Dr. Griffith was elected Mayor of Phillipsburg on the Republican ticket in 1882 and 1883, and in 1884 was elected to the Board of Education, where he served twelve years. For many years he had been prominent in the I. O. O. F. He passed through all the State offices and also those of Accho Lodge of Phillipsburg. At the time of his death he was president of Past Grand Patriarchs of New Jersey and grand high priest of New Jersey. He was also a member of Greenwich Council, Royal Arcanum, and of the Knights of Pythias. He was president of the Alert Hook-and-ladder Company for twenty-eight years, and for some years was manager of the Snails, a noted baseball team of Phillipsburg.

Dr. Griffith is survived by his widow, two sons and four daughters. One of the sons is Dr. William Griffith, of Brooklyn, N. Y.

NUTT.—At Williamsport, Pa., May 30, 1914, Dr. George D. Nutt.

Dr. Nutt was born at Pemberton, N. J. April 17, 1845. Graduated from the University of Pennsylvania Medical Department in 1869. He has practiced in Williamsport, Pa. for most of the time since. He was trustee of the Pennsylvania State Society.

PARKER.—At Trenton, N. J., July 17, 1914 Mrs. Florence Sinclair Parker, wife of Dr George H. Parker. Her death was due to heart disease. She was an active member of the Fourth Presbyterian Church and had been a member of the board of managers of the Widows' and Single Women's Home in Trenton She is survived by her husband and a daughter who is a student at Wellesley College.

Personal Notes.

Dr. L. Worthington Bagg, Newark, sailed last month on the Baltic for a six weeks' trip in the British Isles. He will attend the Clinical Congress of Surgeons in London this month.

Dr. Frederick L. Brown, New Brunswick, has been receiving congratulations on the arrival of a daughter in his home.

Dr. Everitt P. Courtright, Newark, was operated on at St. Barnabas Hospital last month for appendicitis.

Dr. Henry P. Dengler, Springfield, has been reappointed medical school inspector.

Dr. Morris R. Faulkner, Vineland, was recently elected medical inspector of schools by the Board of Education of Pittsgrove Township.

Dr. Henry A. Henriques, Morristown, was elected last month vice-president of the Washington Association of New Jersey.

Dr. James T. Hanan, Montclair, sailed for Europe, July 16. He will attend the Clinical Congress of Surgeons in London.

Dr. Edward S. Hawke, Trenton, has rented for the summer a cottage at Fernwood, near Trenton Junction.

Dr. William S. MacLaren, Princeton, and wife have occupied their cottage at Bay Head

Dr. Archibald Mercer, Newark, and wife sailed for Europe August 1st.

Dr. William G. Nash, Newark, and wife spent several weeks recently in a trip to Buffalo Niagara Falls and the Thousand Islands.

Dr. Fred. W. Owen, Morristown, enjoyed a trip to the Thousand Islands, Toronto and Niagara Falls last month.

Dr. Samuel Sicca, Trenton, attended the High School Alumni reception at Bridgeton last month.

Dr. Robert Buermann, Newark, and family spent a few days last month visiting Mrs. Buermann's parents at Bordentown.

Dr. Abraham Finkelstein, Newark, was registered at the Aberdeen, Asbury Park, last month.

Dr. Edward J. Ill, Newark, has his paper in full on "The Treatment of Albuminuria in Pregnancy" in the A. M. A. Journal of July 11th. It was read at the recent A. M. A. annual meeting.

Drs. George H. Sexsmith and Fred. M. Corwin, Bayonne, have been elected members of the executive committee of Bayonne Hospital Board of Managers.

Dr. James W. Ware, Bayonne, and wife motored to Cape May last month.

Dr. Isaac Barber, Phillipsburg, with a party of friends, spent a week last month at Grassy Sound.

Drs. William S. Collier and Wilbur Watts, Trenton, enjoyed a fishing trip to Beach Haven last month.

Dr. Paul L. Cort, Trenton, and wife spent a week at Wildwood, last month.

Dr. Frank G. Clark, Whitehouse Station, and wife, returned recently from an extended auto trip through South Jersey.

Dr. Elam K. Fee, Lawrenceville, and family were at Camptown, Pa., for a few weeks.

Dr. Joseph Fewsmith, Newark, and wife sailed on the Imperator of the Hamburg-American Line, July 18. They expect to return September 1st.

Dr. Samuel C. Haven, Morristown, and family returned home from Grove Beach last month, after spending a month in Dr. Dodge's cottage there.

Dr. Virgil M. D. Marcy, Cape May City, resigned last month as a member of the Cape May Council, in which he has served since January, 1913.

Dr. Nelson B. Oliphant, Trenton, sailed with his wife for Glasgow, Scotland, July 18th, expecting to return by September 1st.

Dr. William J. Summers, Boonton, spent a few days at Asbury Park last month.

Dr. Mefford Runyon, South Orange, sailed last month for a few weeks' stay in Germany.

Dr. F. Twedell, Summit, had an article in the Medical Record, July 4, on "The Cause and Prevention of Pyorrhea Alveolaris and Furunculosis."

Dr. Lewis C. Burd, Ogdensburg, is recovering from a severe illness.

Dr. Lucius F. Donohue, Bayonne, and wife made a trip to Asbury Park last month.

Dr. George W. Fithian, Perth Amboy, and family spent two weeks at Cedarville, N. J., last month.

Dr. George H. Franklin, Hightstown, and wife spent a week recently at the seashore.

Dr. A. Dunbar Hutchinson, Trenton, and wife motored to Asbury Park last month.

Dr. Fred. J. La Riew, Washington, was elected vice-president of the Lehigh Valley Medical Society last month.

Dr. Samuel Freeman, Trenton, and wife have just returned from an extended trip through Maine.

Dr. Thomas H. MacKenzine, Trenton, has been appointed a delegate to the Atlantic Waterways Convention which meets in New York City in September.

Dr. Emanuel Klein, Bayonne, has been appointed assistant city physician at a salary of $500.

Dr. Sylvanus J. Nunn, Orange, and relatives enjoyed a ten days' motor trip recently through Sussex County and Orange County, N. Y.

Dr. John H. Moore, Bridgeton, and wife sailed July 25 for Europe expecting to return September 1st.

Dr. George E. Reading, Woodbury, addressed the Busy Men's Bible Class recently on "What Woodbury Needs Most from a Physician's Standpoint." Dr. Reading is spending the month of August at Duluth, Minn., visiting his daughter.

Dr. Merrill A. Swiney, Bayonne, and wife motored through the New England States during July.

Drs. Charles B. Smith, Washington, and Theodore B. Fulper, Hampton, were elected last month members of the executive committee of the Lehigh Valley Medical Society.

Dr. David F. Weeks, Skillman, read a paper on "Field Work in the Study of Epilepsy" before the joint meeting of the Seventh and Eighth District Branches of the New York Medical Society.

Dr. Henry H. Burnette, Hoboken, and daughter will spend the month of August in Nova Scotia and New Brunswick.

Dr. Lancelot Ely, Somerville, returned from Europe last month. He spent a few days at Dover.

Dr. George E. Galloway, Rahway, and wife spent a few days at Syracuse, N. Y., last month.

Dr. Albert N. Jacobs, Sparta, was elected medical inspector of the township public schools recently.

Dr. Isadore Topkins, Califon, and family spent a few days last month in Brooklyn, N. Y.

Dr. Charles N. Jennings, Merchantville, and wife spent a week last month in South Jersey.

Dr. Leon T. Salmon, Lambertville, and wife are spending two weeks this month at Asbury Park.

Dr. Edwin Field, Red Bank, has been appointed surgeon of the Monmouth Memorial Hospital, Long Branch, for the quarter ending November 1st.

Dr. Charles M. Franklin, Hightstown, and family are occupying a bungalow at Manasquan.

Book Reviews.

Medical and Surgical Reports of the Episcopal Hospital, Philadelphia. Vol. II. Edited by Astley P. C. Ashhurst, M. D., from the press of Wm. J. Dornan, Philadelphia, 1914.

This hospital treated 5,642 patients during the year 1913. About 376 patients are constantly under care at a daily cost of $1.47½ each. The notes of cases accompanying the report are valuable and varied.

The Practical Medicine Series, compising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D., Roger T. Vaughan, Ph. B., M. D. Vol. I., General Medicine, by Frank Billings, M. S., M. D., head of the Medical Department of Rush Medical College, and J. H. Salisbury, A. M., M. D., Professor Medicine, Illinois Post Grad. Med. Sch. Series 1914.

Vol. II., General Surgery, by John B. Murphy, A. M., M. D., LL. D., Professor Surgery in Northwestern University, etc., etc. Series 1914.

Vol. III., The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C. M., M. D., D. C. L., Albert H. Andrews, M. D., and William L. Ballenger, M. D. Series 1914. The Year Book Publishers, 327 S. La Salle st., Chicago.

These little volumes present a brief epitome of the progress in their special departments of medical science.

The Occupational Diseases; Their Causation, Symptoms, Treatment and Prevention. By W. Gilman Thompson, M. D., Professor of Medicine, Cornell University Medical College. 724 pages, illustrated. Price $6.00. D. Appleton and Company, New York and London.

This work is the first of its kind to be published in this country and it is well that it should have had as its author one so competent to treat of these important diseases affecting the health of the working classes. It deals with maladies—acute or chronic—which are due to specific poisons, mechanical irritants, physical and mental strain, or faulty environment, resulting from specific conditions of labor, which may be the cause of instant death, more or less prolonged invalidism, and incapacity for work, or that may lay the foundation for other diseases of equal or greater hazard. The volume is worthy of a place in every physician's library as one that will be found helpful in understanding and treating this special class of disease.

Public Health Items.

A Simple Equation.—If manure breeds flies and flies kill babies, what does the man do who maintains the manure pile on his premises?—Bull. Chicago School Sanit. Instr.

Publicity.—Publicity is educational; it is a safe policy; it inspires confidence; it is a public health right. If the town is a breeding place for malaria, let it be known. If the water supply is bad, publish it. The city authorities will get to work and the taxpayer will feel an immunity from disease.—O. Dowling, in Ohio State Med. Jour.

The Burden of Ill Health.—It is a truism that the efficiency of the social unit is conditioned more by his physical status than by any other one factor. That the inefficiency due to ill health, however, constitutes a burden to be borne by the whole of society rather than the individual is a concept which has been fully recognized only of recent years.—J. W. Schereschewsky, Public Health Rep.

Newark Anti-Tuberculosis Association.

Motion pictures depicting methods of tuberculosis prevention are being shown at Military Park and at several of the city playgrounds under the direction of the Newark Anti-Tuberculosis Association. The pictures are part of the educational work which the association has been carrying on for three years. In the present undertaking it will have the co-operation of the State Board of Health, the Shade Tree Commission and the Playground Commission.

Free Movies in New York City.

The Department of Health of New York City has begun its free moving picture shows in the parks and on the recreation piers of that city, for the purpose of educating the public in health matters. Twenty of the sows were given in the month beginning June 24.

Quarantine Against Jersey Horses.—At recent conference in Jersey City, participat in by the deputy commissioner of agricultur the mayors of Jersey City and New Yor health officers and veterinarians, it was a nounced that a quarantine against horses su fering from glanders had been established i New York State and city, and that all th horses passing between the two States woul have to be inoculated with the mallein serun which is supplied by the government. It stated that 6,000 horses pass back and fort daily between the two cities. All such horse must be inoculated before September 1.

Atlantic City Health Farm.

City Health Officer Edward Guion, acting i behalf of the physicians of the city, yesterda proposed to county officials the establishmen of a tented village on the county farm a Smith's Landing, ten miles from the city, fo tuberculosis patients. Dr. Guion reported tha there are now twelve cases and no place t send them. He contends that the proposal o the county board to have county cases care for in the Camden County Tuberculosis Hos pital at Ancora is not feasible, as Camde County wants from $10 to $12 per week fo each case.

Camden Contagious Diseases Decrease.

Dr. J. F. Leavitt, medical inspector, reporte for the month ending July 15 a decrease of 4 cases of contagious diseases. There were 21 o tuberculosis, 8 of diphtheria, 7 of measles, 2 o scarlet fever, only 1 of typhoid fever.

Hudson County Board of Health.

A bacteriological laboratory may be built by the Hudson County Board of Health if the Board of Freeholders grants an appropriation of $5,000 asked for in a resolution adopted by the Board of Health. The request for the appropriation was made following the receipt of a letter from James S. Lynch, chief clerk of the board, pointing out the need of such a laboratory. Hudson is the only county in the State which has a Board of Health.

Hudson County Mosquitoes Rare.

A statement was issued recently by the Hudson County Mosquito Extermination Commission in which it practically claims that mosquitoes are no longer a nuisance in Hudson County. It was pointed out that Hudson County residents have been troubled very little by the pests this year and that this is due to the efficient work done by the inspectors employed by the commission. Oil has been sprinkled over all the meadow lands along the Hackensack River and near Newark and New York Bays, and 125,000 feet of new ditches have been dug on the meadows.

Montclair Vital Statistics.

Figures compiled by Health Officer Chester H. Wells, of Montclair, show that the death rate for the town during the six months ending June 30 was considerably lower than for the same period last year. During the past six months 138 deaths occurred, as against 147 for a similar period in 1913, making the death rate 10.6, figuring on a yearly basis, as against

13 a year ago. The yearly increase in population averages 1,000 in Montclair.

Recurrences in Scarlet Fever.—Gregoire Jason, in Arch. de med. des. enf., contributes the rare occurrence of recurrent attacks of scarlet fever four cases in one family, all of whom had a second attack. In each one the recurrence was more severe than the first attack. The recurrence took place after several years.

Polluting Newark Bay Water.

The State Board of Health has served notice on all the municipalities, factories, etc., which are at present polluting Newark Bay, to cease polluting said bay prior to October 1, 1916. The owners of all other properties from which polluting matter enters Newark Bay will be required to cease polluting said bay before that date.

Typhoid Fever at St. Mary's Asylum, Newark.

Although there are some cases still under suspicion, it is the opinion of the city health authorities that the epidemic of typhoid fever at St. Mary's Orphan Asylum has reached its height. With thirteen new cases diagnosed yesterday, the total number has reached seventy-three. According to information received by the local authorities from the various hospitals which are caring for the victims, none of the present cases is of a dangerous character, though Sister Mary Henrietta, superior of the asylum, is very ill. There had been only one death up to July 20.

Dr. B. H. Voelbel, who is the physician for the asylum, has about twenty additional cases under supervision. It is considered probable that among these some of a positive nature may be developed.

New York City Death Rate.

For the week ending July 4, the Health Department recorded the lowest death rate in the history of New York, 10.84 per 1,000 of population, representing a total of 1,160 deaths. The lowest previous record was 11.42 per 1,000 and for the corresponding week of 1912, the death rate was 12.54 per 1,000, while in 1901, when there was intense heat during the same period, the rate was 40.82.

The Plague in New Orleans.—The fifth case of bubonic plague was reported in New Orleans on July 12, the patient being a negro woman who was employed in a restaurant within two blocks of the house where the first case was found. Although approximately 4,000 rats have been examined they were not found to be the cause of the disease.

(Since July 12 two more cases have been reported; 3 have died. Sixty-three hundred and seven rats have been trapped and 6,863 rodents examined. Sixteen suspicious rats were found, Editor.)

The House Fly.—Reliable statistics charge the house fly as the conveying cause of twenty deaths a day in the city of New York the year round. An eminent medical authority has recently stated that the fly as a carrier of the germs of typhoid fever annually costs the people of the United States for sickness, medical expense, and lost time, the vast sum of $350,000,000. The state agricultural station in Connecticut examined 400 flies. One innocent looking fly carried 6,600,000 germs, and the majority of the 400 were loaded with more than 1,250,000 bacteria each.— Public Health of Michigan.

Fatigue.—Work performed by any of the body-cells produces waste-products and other changes in the cells. Up to a certain limit, work, with the resulting changes in the cells, is beneficial and improves the physical condition of the cells, but when the work is excessive, too prolonged, or too fast, waste products begin to accumulate, the cells become exhausted, the proper changes fail, and if the cells are not properly rested, damage results. If the work is continued without proper rest early breaking down and failure of the individual to perform his task are the final results.—B. S. Warren in Pub. Health Rep.

Curtailing Infant Mortality in Toronto.—The June Health Bulletin of the Toronto Department of Public Health is devoted entirely to prevention of disease and death during the summer months. Considerable of the space is devoted to the baby. Last year there died in Toronto 949 babies under 2 years of age during the summer months. Most of these were from preventable disease as most of the deaths were due to bottle-feeding. One hundred and twenty of the babies visited by the Department of Health died during the summer months and fifty-eight of these had working mothers. Only two were breast fed.

The Value of Antityphoid Vaccination.—Since the very great and almost absolute protective value of antityphoid vaccination has been proved, the fact should be promptly accepted by the medical profession, who should encourage its acceptance by the public by example, but, especially, by expression of absolute confidence. A doctor should no more question the value of antityphoid vaccination than he should question vaccination against smallpox or mosquito transmission of yellow fever or malaria.—C. C. Bass, M. D., in Am. Jour. Trop. Dis. and Prev. Med.

Health of Children in City and Country.

Dr. Thomas D. Wood, New York, in his report at the National Council of Education meeting in Richmond, Va., made the following statement:

Country school children are more unhealthy than the city school children. Whenever urban and rural statistics were compared, the country children were found to be anywhere from 5 to 20 per cent. more defective than the city school children, in spite of all sanitary deficiences of the slums of the largest and most crowded cities, and all the benefits that country life is supposed to bestow.

From surveys made, the results were amazing.

Out of 1,831 rural districts of Pennsylvania, 75 per cent. of 294,427 children need medical treatment.

Of New York's 287,469, 72 per cent. need medical treatment.

Comparison of Lung Trouble and Malnutrition in City and Country Children.

	City, per cent.	Country, per cent.
Lung trouble....	1	3.7
Malnutrition	23.3	31.2

Ill Health of Country Children Compared with Children in Twenty-five Cities.

	City, per cent.	Country, per cent.
Mental defect ...	.2	.8
Heart trouble....	.5	...
Spine curvature..	.13	3.5
Ear defects.....	1.	5.
Eye defects.....	5.1	21.08
Adenoids	8.5	21.5
Diseased tonsils..	8.8	30.

This in a general way gives an idea of the conditions found in the city and country, and the apparent advantage which the urban school has over the rural school. Further investigations may require some modification of these figures, but without question there is a decided need of sanitation in the rural school districts.

The report was received with much surprise and interest, and the doctor was required to answer many questions.

Sanitary Environment in Places of Employment.—The sanitary conditions of the places of employment have a distinct and direct bearing in the causation of disease through poor general conditions, poor lighting, heating and ventilation, overcrowding, excessive humidity and special conditions of deleterious gases, fumes, dust, poisons and the like. These conditions are so obviously causing disease and are so prevalent in so many industries and causing so much direct injury to the workers that the general public have come to consider these as the full extent of the damages for which industrial conditions are responsible.—B. S. Warren in Pub. Health Rep.

Municipal Sanitation.

President M. N. Baker, of the Board of Health, Montclair, in addressing the American Pediatric Society, at Stockbridge, Mass., in May, spoke on the subject of Municipal Sanitation. He said:

Broadly speaking, municipal sanitation embraces all those works or activities which it is the duty of the city to conduct or regulate in the interest of public health. By a municipal program I mean not merely the planning of a city's activities for a single year but for many years to come, all with careful regard to the city's financial resources. Current practice in most American cities consists altogether too much in considering each division of municipal activity entirely by itself without regard to the other financial needs of the city. The result often is that the activity which has the most able orator, or whose administrative head has most political influence or backing, gets an undue share of the municipal funds, while other activities suffer accordingly. We must measure relative values in the field of public sanitation by vital statistics which, applied impartially and intelligently to the whole field, show that many lines of endeavor classed as sanitary must seek their justification chiefly from serving other than health protective functions.

When the promotion of public health is b ing considered, far greater weight should given to water purification than to sewa treatment. While water purification purifi sewage purification does not, so far as the r moval of the germs of communicable disea is concerned. Sewage purification is a m nomer. A clear-cut distinction should be ma between municipal health on the one hand, a municipal cleansing or some other form of d cency or convenience on the other. In n opinion, the work of municipal boards health should be confined almost wholly direct measures for the control of commun cable and perhaps occupational diseases, to t reduction of infant mortality extended to cov child hygiene, and to certain regulatory a educational work designed to promote gener health. With a proper delimitation of t work of health departments, so as to exclu all responsibility for the construction and o eration of cleansing and other municipal wor which can best be entrusted to the enginee and with the great improvements which ha recently taken place in medical education, t medical rather than the engineering schoo should be drawn on for the vast majority health officers; but the medical schools are n yet equipped and probably never will b equipped to give, nor do medical students ha time to take, all the instruction needed to mak a good health officer. Fortunately, a numbe of schools of public health have been starte during the past few years, which will meet l large measure the increasing demand for spe cific training to health officers.

Why Natural Ice Is Pure.

Dr. M. J. Rosenau, professor of preventiv medicine and hygiene, Harvard Medical Schoo Boston, Mass., says: "I have always been ex ceedingly particular about certain things i my own household, especially with the wate we drink and the milk in use, but I have neve said anything to my wife about the ice, for i seems to me to be practically a negligible fac tor as far as conveyance of the disease is con cerned. Sanitarians have never made muc fuss over ice, and even the newspapers hav found in the subject only cold pickings. Whe the warm light of science is thrown upon th cold facts of truth the alleged dangers ar found to melt and run away."

Dilution, freezing and storage are among th great natural forces which attenuate and finally destroy bacteria in natural ice. In fact, th purifying process of freezing and the favorabl action of storage eliminate any elements o danger that may have existed in the water from which the ice was cut.

Water Supplies.

The effects of filtration on a polluted water supply in Cohoes, New York, are reported by A. J. McLaughlin, Washington, D. C. (Journal A. M. A., May 16, 1914). Previous to 1191 Cohoes used the grossly polluted Mohawk River water without purification. In July, 1911, a gravity filter plant was installed. Previous to that time the seasonal prevalence of both typhoid fever and enteritis of children was what might be expected under the existing conditions, that is, excessive rates prevailed in the winter and

deaths from typhoid was shown in December, spring months. An enormous reduction of January and February and a very great reduction in March and April in the winter and spring of 1912-1913. The usual low rates in the summer months indicate that the Mohawk River had for some reason been much safer from July to October, hence the change to filtered water was not so noticable during that period. Diarrhea and enteritis in children under two years is an important factor in the mortality statistics and a number of diseases are probably concerned, with various etiologies. One large portion of this mortality, the so-called summer diarrhea of children, seems to be independent of the water supply. Where the water is unsafe the mortality is high from these causes and in children is apt to be high in the winter months. This was the case in Cohoes, where the enteritis mortality among children in the cold months ranged from 100 to 90 deaths per one hundred thousand population, and this was greatly reduced by the filtration. The rate for January fell below 75 per cent. and for the succeeding months to June below 50. It must not be inferred that the filtration at Cohoes leaves nothing to be desired. Filter plants are not infallible, fool-proof mechanisms. In dealing with grossly polluted water a safe affluent is obtained only at the price of eternal vigilance and efficiency at all times. An unreasonable burden may be put on a filter plant and its installation does not justify an unrestricted discharge of sewage into the stream. Improving the character of the raw water reduces the load on the filter and furnishes an additional safeguard against unavoidable accidents that may occur.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, June, 1914.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending June 10, 1914, was 3,356. By age periods there were 490 deaths among infants under one year, 255 deaths of children over one year and under five years and 1,111 deaths of persons aged sixty years and over.

The number of deaths from scarlet fever show a marked decrease, the figures for May showing 43 deaths and for June 26 deaths, a decrease of 17. Whooping cough also shows a decreased mortality from the previous month.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending June 10, 1914, compared with the average for the previous twelve months, the average in each case being given in parenthesis: Typhoid fever, 23 (22); measles, 32 (21); scarlet fever, 26 (22); whooping cough, 27 (26): diphtheria, 49 (48); malarial fever, 0 (0); tuberculosis of lungs, 328 (305); tuberculosis of other organs, 58 (46); cancer, 191 (179); diseases of nervous system, 310 (304); diseases of circulatory system, 554 (493); diseases of respiratory system (pneumonia and tuberculosis excepted), 180 (213); pneumonia, 264 (259); infantile diarrhoea, 74 (195); diseases of digestive system (infantile diarrhoea excepted), 202 (206); Bright's disease, 265 (251); suicide, 49 (39); all other diseases or causes of death, 724 (688); total, 3,356 (3,328).

Bureau of Contagious Diseases and Sanitary Inspection—Reports for May, 1914.

The number of cases of typhoid fever, diphtheria and scarlet fever reported throughout the State during the month of May, 1914, shows a remarkably close comparison to the number of cases of these diseases reported during the corresponding month in 1913. One hundred and seven cases of typhoid fever were reported in May, 1913, and one hundred and six cases in May, 1914; five hundred and seventy-six cases of diphtheria in May, 1913, and five hundred and sixty-one in May, 1914; five hundred and thirty-nine cases of scarlet fever in May, 1913, and five hundred and twenty-six in May, 1914.

In each of the above named diseases the number of cases reported is slightly less than during the corresponding period for 1913, notwithstanding the natural increase in population. In tuberculosis there was also a decrease in the number of cases reported, the figures being eight hundred and forty-one cases in 1913 against seven hundred and thirty-three in 1914. Chicken-pox, small-pox and malaria reports have increased. In the former disease four hundred and twenty cases were reported in May, 1914, against one hundred and nine in May, 1913. Anterior poliomyelitis was reported from one county, ophthalmia from two, anthrax from one, trachoma from one, small-pox from three and malaria from nine. The total number of certain communicable diseases reported from each county in the State is shown in the following table. We give the largest number of cases reported from the counties, as follows:

Typhoid Fever—Cumberland, 32; Essex, 18; Hudson, 14. Ocean, Salem and Sussex report none.

Diphtheria—Essex, 259; Hudson, 127; Middlesex, 43; Passaic, 20; Union, 21; Ocean, Sussex and Warren, none.

Scarlet Fever—Essex, 91; Hudson, 137; Mercer, 64; Middlesex, 57; Cumberland, 30; Burlington, 23. Cape May, none.

Tuberculosis—Essex, 254; Hudson, 187; Passaic, 54; Union, 50; Mercer, 42; Camden, 41. Warren, none.

Malaria—Sussex, 42; Mercer, 6, out of a total of 63.

Bacteriological Department.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 649; tuberculosis, 593; typhoid fever, 255; malaria, 55; miscellaneous specimens, 100. Total, 1,652.

Division of Food and Drugs.

During the month ending June 30, 1914, 635 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

All the following samples were found to be above standard: All 21 of ground spices; 7 of coffee; 45 of cream; 7 of jam; 5 of jelly; 3 of

lemon extract; 13 of olive oil; 6 of vanilla extract; 2 of tomato catsup; 6 of aspirin tablets; 2 extract of ginger; 2 of peroxide hydrogen; 2 of tincture iodine and 1 each of bologna, carciofi, cheese, fish, canned vegetables, tomato paste, tomato pulp, diarrhoea remedy, spirits peppermint and toothache remedy.

The following were found to be below standard: 29 of the 304 of milk; 2 of the 4 of butter; all 5 of frozen eggs; 1 of the 2 bay rum; 4 of 14 of camphorated oil; all 3 of headache tablets; 5 of 22 of lime water; 2 of 9 of liniment; 49 of the 63 of migraine tablets; 1 of 2 of rheumatic remedy; 4 of 20 of spts. camphor; 3 of 6 of toilet water; all 6 vermin exterminator and 2 of 44 of witch hazel.

Sixty-five samples of oysters were examined and 70 samples of water taken from various oyster beds. Sixteen suits were instituted during the month.

Bureau of Creamery and Dairy Inspection.

During the month 511 inspections were made as follows: 284 dairies; 84 creameries; 19 milk depots; 124 ice cream factories.

Number of dairies scoring above 60% of the perfect mark, 179; scoring below 60% of the perfect mark, 88; relinquishing the sale of milk, 17; creamery licenses recommended, 33; number of ice cream factory licenses recommended, 15.

Ten cow stables were disinfected on account of having housed tuberculous animals. These stables were located as follows: Hunterdon, 1; Mercer, 4; Somerset, 2; Sussex, 3. Thirty-eight dairymen were given a specified time in which to improve their methods in handling milk. These dairies supply milk to the following municipalities: Asbury Park, Atlantic City, Collingswood, Haddonfield, Hopewell, Irvington, New Brunswick, Passaic, Perth Amboy, Princeton, Shrewsbury Township and Woodbury. The production and sale of milk was prohibited on four dairies, the milk from which was distributed in Asbury Park, Garfield, Mahwah and Perth Amboy. Six manufacturers were given a specified time in which to improve their methods in manufacturing and handling ice cream. These factories were located in the following places: Arlington, Hoboken, Paterson, Perth Amboy and South Bound Brook.

As a result of the recent rule of the board regarding the attachment of holders and temperature controllers to pasteurizing machines, twenty-five creameries have complied with the order and have installed the required apparatus. Thirty-one of the number have been unable to comply with the board's rule on account of the inability of the manufacturers to furnish the attachments within the required time. We have assurances, however, that the devices have been ordered, and an extension of time has been granted the applicants for license. In granting creamery licenses in the future, a special permit will be issued to dealers who have the proper equipment for pasteurizing milk. A different form of license will be issued to non-pasteurizing plants.

During the month ending June 30, 1914, 165 inspections were made in 96 cities and towns. The largest number of inspections made in any places having been: Newark, 16; Jersey City, 14; Camden, 13; Trenton, 5; Morristown and Paterson, each 4; Atlantic City, Hoboken, Manasquan and West Hobol each 3.

The following articles were inspected dur the month, but no samples were taken: M 494; butter, 322; food, 997; drugs, 747.

Other inspections were made as follo Milk wagons, 214; milk depots, 46; groc stores, 291; drug stores, 143; confection stores, 20; slaughter-houses, 74; meat mark 5; cold storage warehouses, 28; canning f tories, 17; butter stores, 3; egg-breaking est lishments, 19; bakeries, 1; ice cream factor 1; barber supply investigations, 135; mis laneous inspection, 1.

Meat Inspection.

Beef—15 carcasses passed, 5 carcasses c demned. Calves—15 carcasses passed. Lar —25 carcasses passed.

Division of Water and Sewerage.

Total number of samples analyzed in Water Laboratory, 239; public water suppl 105; special public water supplies, 4; propo public water supplies, 26; State institut water supplies, 1; private water supplies, bottled water supplies, 16; ice samples, sewage samples, 41; miscellaneous samples,

Water supplies and water purification pla inspected at Bound Brook 7, Bound Br (Piscataway Water Co.), Bridgeton, Burli ton, Butler, Freehold, Gloucester 2, Haled Long Branch, Mount Holly 2, New Brunswi Ocean Gate, Plainfield 2, Rahway (Middle Water Co.), Red Bank. Special inspectio and investigations of water supplies made Allentown, Audubon (N. J. Water Service C Haddonfield (N. J. Water Service Co.), M ristown.

Inspections were made on the followi watersheds: Atlantic City, Blackwood, H donfield (N. J. Water Service Co.), Lumbert Medford, Mendham, Moorestown, Mor Plains (N. J. State Hospital), Plainfield (M dlesex Water Co.), Pleasantville, Rahw (Rahway City Water Department).

Sewage disposal plants and sewerage syste inspected at Atlantic Highlands, Avalon, Av Beverly, Branchville (Almshouse), Bridget Caldwell (Essex County Penitentiary), Ca May 2, Colt's Neck (Colt's Neck Creamer Duvale, Elizabeth, Freehold, Glen Gardner (J. Sanatorium for Tuberculous Diseases), Ha donfield, Highlands, Hohokus (Hohokus Bleac ery), Island Heights, Keansburg, Lake Hop cong, Medford, Merchantville, Moorestown Ocean City 2, Ridgewood, Riverside, Roeblin Rutherford, Sea Isle City, Secaucus, Sou Plainfield, Sunnyside, Trenton (De Laval Stea Co.), Trenton (P. R. R. shops), Tuckert Wildwood. Special inspections and investig tions of sewage disposal plants and sewera systems were made at Audubon, Chatham Hoboken 2, Hopewell, Leonia, Morristown (R venswood Farm), Orange, Red Bank, Ridg wood.

Special investigation of pollutions on t Hudson River at Bayonne, Cliffside, Edgewat Jersey City ,New York City, West New Yor Stream inspections were made on the Del ware River and tributaries, Manasquan Riv and tributary, Maurice River, Millstone Riv and tributary, Pauline Kill, Passaic River a tributary, Raritan Bay and tributary, Rarit River and tributaries, Rahway River and tri

ries, Rockaway River and tributary, Whip-
y River and tributary.
umber of stream pollutions reported, 48,
spections of stream pollutions made, 70;
am pollutions found abated, 48; notices to
se pollution issued, 62; cases referred to
Attorney General, 1; plans for sewage dis-
al plants, sewerage systems and extensions
roved, 15; plans for water supply systems
roved, 3.

EW AND NON-OFFICIAL REMEDIES.

ince publication of New and Non-Official
medies, 1914, the following articles have
n accepted for inclusion with "N. N. R.":
I. M. Alexander and Co.: Normal Horse
um; Typhoid Vaccine, Immunizing.
ntiseptic Supply Co.: Causticks; Caustick
plicators; Cupricsticks; Stypticks; Stypstick
plicators, Alum 75%.
rlington Chemical Co.: Arlco Urease.
omar and Cie: Electrargol; Electrargol
Injection 10 c.c. Ampoules.
Farbwerke Hoechst Co.: Amphotropin;
epton.
Fairchild Bros. and Foster: Trypsin.
Hoffmann-LaRoche Chemical Works: Thio-
; Syrup Thiocol, Roche; Thiocol Tablets.
Hynson, Westcott and Co.: Phenolsul-
onephthalein, H. W. and Co.; Phenolsul-
onephthalein Ampules, H. W. and Co.;
ease-Dunning.
Merck and Co.: Cerolin.
H. K. Mulford Co.: Acne Serobacterin; Anti-
nthrax Serum, Mulford; Antistreptococcus
rum Scarlatina, Mulford; Coli Serobacterin;
lture of Bulgarian Bacillus, Mulford; Dis-
fectant Krelos, Mulford; Neisser Serobac-
rin; Pneumo Serobacterin; Salicylos; Scar-
tina Strepto Serobacterin; Staphlo-Serobac-
rein; Staphylo Acne Serobacterin; Strepto
robacterin; Typho Serobacterin.
Riedel and Co.: New Bornyval.
Reinschild Chemical Co.: Phenolphthalein
gar.
E. R. Squibb and Sons: Sodium Biphosphate,
uibb; Tetanus Antitoxin, Squibb; Tetanus
ntitoxin, Squibb, 5,000 Units.

Since publication of New and Non-Official
emedies, 1914, and in addition to those pre-
ously reported, the following articles have
een accepted by the Council on Pharmacy
nd Chemistry of the American Medical Asso-
ation for inclusion with "New and Non-Offi-
al Remedies":

Electrargol.—Electrargol is a colloidal solu-
on of silver, containing silver, equivalent to
25 per cent. metallic silver. It is said to be
seful in febrile diseases, even in those which
re not of a septic character. It is also used
xternally in inflammatory conditions. For
ubcutaneous, intramuscular or intravenous in-
ections electrargol is supplied as Electrargol
or Injection in ampoules containing 5 c.c
'or external use electrargol is supplied as
Electrargol for Surgical Use in bottles contain-
ng 50 c.c. (Jour. A. M. A., June 5, 1914, p.
,808.)

Refined and Concentrated Tetanus Anti-
oxin.—Marketed in packages containing 5,000
nits (curative dose) put up in syringe con-
ainers. E. R. Squibb and Sons, New York.

Culture of Bulgarian Bacillus, Mulford.—A
ure culture in tubes of the Bacillus bulgari-
cus. It is designed for internal administration for the purpose of establishing lactic-acid-producing bacilli in the intestines and for external use. H. K. Mulford Co., Philadelphia, Pa.

Lactobacilline Tablets.—A pure culture of the Bacillus bulgaricus. These tablets give rise to the production of considerable quantities of lactic acid, which tends to restrain the growth of putrefactive organisms in the intestines. Franco-American Ferment Co., New York (Jour. A. M. A., June 13, 1914, p. 1,890).

Lactobacilline Liquide, Culture A.—A pure culture in tubes of the Bacillus bulgaricus grown in a neutralized sugar bouillon, each tube containing from 5 to 6 c.c. Its actions and uses are the same as those of Lactobacilline Tablets. Franco-American Ferment Co., New York.

Lactobacilline Liquide, Culture D.—A pure culture in tubes of the Bacillus bulgaricus grown in a neutralized bouillon. Its action and uses are the same as those of Labtobacilline Tablets. Marketed as Lactobacilline Liquide, Culture D., Small containing 5 c.c., and Lactobacilline Liquide, Culture D., Large containing 16 c.c. in each tube. Franco-American Ferment Co., New York.

Lactobacilline Liquide, Infant's Culture.—A pure culture in tubes of the Bacillus Bulgaricus in a whey medium. It is employed in the treatment of diarrhea or dysentery in nursing infants or young children. Franco-American Ferment Co., New York.

Lactobacilline Glycogene Tablets.—Tablets containing pure cultures of the Bacillus bulgarious and the Glycobacter peptolyticus. The Glycobacter peptolyticus transforms into sugar the amyaceous substances in the diet, thereby furnishing a pabulum for the B. bulgaricus, which in turn transforms the sugar into lactic acid. These tablets are designed for the prevention and treatment of intestinal diseases. Franco-American Ferment Co., New York.

Lactobacilline Glycogene Liquide.—A pure culture in tubes of the Bacillus bulgaricus and the Glycobacter peptolyticus. Its action and uses are the same as those for Lactobacilline Glycogene Tablets. Marketed as Lactobacilline Glycogene Liquide Small containing 5 c.c. and Lactobacilline Glycogene Liquide, Large containing 16 c.c. in each tube. Franco-American Ferment Co., New York.

Lactobacilline Milk Tablets.—Tablets containing pure cultures of the Bacillus bulgaricus and Bacillus paralacticus. These tablets are used in the preparation of scientifically soured milk. Franco-American Ferment Co., New York.

Lactobacilline Suspension.—A pure culture in tubes of the Bacillus bulgaricus grown in a neutralized bouillon medium. This culture tends to inhibit the growth of deodorant, putrefactive and pathogenic organisms and is used externally in various suppurative conditions. Marketed as Lactobacilline Suspension, containing 5 c.c., and Lactobacilline Suspension, Surgical, containing 20 c.c. in each tube. Franco-American Ferment Co., New York.

Lactobacilline Milk Ferment.—A pure culture in tubes of the Bacillus bulgaricus and Bacillus paralacticus. Its actions and uses are the same as those of Lactobacilline Milk Tablets. Franco-American Co., New York (Jour. A. M. A., June 13, 1914, p. 1,891).

Food for Thought.

Give Us Men!

Give us Men!
Men—from every rank,
Fresh and free and frank;
Men of Thought and reading,
Men of light and leading,
Men of loyal breeding,
The nation's welfare speeding,
Men of faith and not of fiction,
Men of lofty aim and action:
Give us Men—I say again,
Give us Men!

Give us Men!
Men who, when the tempest gathers,
Grasp the standard of their fathers
In the thickest fight:
Men who strike for home and altar
(Let the coward cringe and falter),
God defend the right!
True as truth though torn and lonely,
Tender, as the brave are only;
Men for Country—Home—and God:
Men who tread where saints have trod,
Give us Men! I say again—
Give us such Men!
—Bishop of Exeter.

All human history is the history of reform. The evolution of the race, physically, morally or mentally, has been thus accomplished.—Anon.

Honor must grow out of humility, freedom out of discipline, righteous joy out of righteous sorrow, true strength out of true knowledge of our own weakness, sound peace of mind out of sound contrition.—Charles Kingsley.

They tell you that habit reconciles you in time to many unwelcome things. Let us not trust to this alone. Custom, indeed, sweetens the rugged lot when the cheerful soul is in it.
—James Martineau.

A habit of looking at things from a distorted angle, of focusing the vision on things that depress and suggest unhappiness and misery, is a destroyer of happiness and success. A man who goes abroad with a funereal face, thinking "hard times," fearing "dull seasons," disaster, panic and failure wherever his interests centre, is never a happy man, rarely a successful one. Pessimism is a destructive force in men's lives, just as optimism is a constructive agency.—Selected.

Hopefulness.—O toiling bands of mortals, O unwearied feet, traveling ye know not whither, soon, soon, it seems to you, you must come forth on some conspicuous hilltop and but a little way farther, against the setting sun, descry the spires of El Dorado. Little do ye know your own blessedness, for truly to travel hopefully is a vastly better thing than to arrive, and the true success is to labor.—Robert Louis Stevenson.

Stubbornness.—Obstinency is the result of the will forcing itself into the place of the intellect.—Schopenhauer.

Temper.—A vigorous temper is not altgether an evil. Men who are as easy as a old shoe are generally of little worth.—Spugeon.

Life's Symphony.

To be thankful for each day and to put in it and to get out of it all the good I can; give expecting nothing in return; to help bear the burdens of others without burdenir them with mine; to know enough of sorrow be able to sympathize; to know enough of s to direct others into right paths; to be blesse with enough of this world's goods to be satified with what I have; to look to Nature f my spiritual lessons and my daily sermons; t take care of the present, and to let the past ar future take care of themselves. In other wor to live each day as though it were my las This is the philosophy of my life, the synphony of my soul.—Catherine Cordelia Jenne

Facetious Items.

There was a physician long ago,
Who hired a man to shovel snow;
But instead of a shovel he gave him a hoe,
For he was a "hoe-me-a-path," you know.
—Philadelphia Ledger.

"What is the meaning of the shower bouquet brides carry?"
"It signifies the beginning of a domesti reign."—Baltimore Americain.

He wobbled homeward late at night,
Returning from a fishing trip.
And, though he didn't get a bite,
'Twas very plain he'd had a nip.
—Detroit Free Press.

"Doctor," said the sick man," the other physicians who have been in consultation over m case seem to differ from you in the diagnosis.
"I know they do," replied the doctor, wh had great confidence in himself, "but the autopsy will show who was right."—Exchange.

"He is the most tender-hearted man I eve saw." "Kind to animals?" "I should say s Why, when he found the family cat insisted o sleeping in the coal bin, he immediately or dered a ton of soft coal."—Buffalo Express.

"Would you," he said after they had bee sitting in the dark for a long time, "be angr with me if I were to kiss you?"
She was silent for a moment. Then in tone the meaning of which was not to be mistake she replied:
"Why do you suppose I turned down th light an hour and a half ago?"
And yet he wondered, poor fool, how othe young men who had started far in the rea were able to pass him in the race of life.

Two bright faced academy boys were discussing their teachers.
"Mr. Blank's going to get married, I hear."
"Gee, I hope not."
"Why?"
"Because Mr. Dash got marrried last yea and now he's fierce."—Newark News.

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BRIEF DISCUSSION OF SOME IMPORTANT CLINICAL OBSERVATIONS IN BLOOD PRESSURE STUDIES.

ead at the 148th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 30, 1914.

By Philip Marvel, M. D.,
Atlantic City, N. J.

I have chosen blood pressure as my gen-al topic for discussion, rather than some ewer and more inviting one in medicine, rst, because of its importance and general iterest; second, because we all are more or ss directly interested in the practical inter-retation of the causes underlying abnormal ressures; and, third, because, peradven-ire, there is no subject in the study and ractice of medicine more generally talked f, that is less well understood.

Abnormal tensions occur both in acute nd chronic diseases, and not infrequently nounce disturbances of serious import, hich are so insidiously progressive in their nset, that many are within dangerous pos-bilities before suspicion has even hinted at neir approach.

The terms *hypo* and *hypertension* will be sed interchangeably in this discussion as nonomous with abnormal blood pressure, nd reference to the sphygmomanometer ill be made with no intention whatever of articularizing any instrument used for the urpose of determining comparative B. P. eadings, the object being more particularly point out the relation of abnormal ten-ons to functional deviations and pathologi-al derangements incident to the disease resent, and to the metabolistic disturbances ssociated with both the *lower* than normal, nd *higher* than normal pressures.

I will therefore take up the discussion of the topic in question, without any attempt at describing in detail the different mechanical contrivances that have been used for the purpose of developing our present knowledge of the subject. It is very important, however, that accuracy and efficiency be considered essentials in the selection of the instruments used, and in the methods employed in determining the comparative deviations to be studied. It is also of equal importance that the observer when studying the changing pressures shall have a proper conception of the reason and meaning of the varying tensions, whether hypo or hyper. Further, he should have a definite idea of what the readings in any particular case indicate, and the probable as well as the possible disturbances they foretell.

To be proficient in the technique of the mechanical device used, and have little or no knowledge of the significance embodied in the readings, will mean little to the practitioner, and render the information obtained less than worthless to the patient, for whose benefit both the time and the expenditure have been given.

Knowledge may be reckoned the master hand in the advancement of all sciences, and is none the less the pivoting force in its interpretation of disease, than in the administration of comprehensive therapy, and the qualified therapist of the future should be able to read in his patient's blood pressure the functional possibilities of the heart and vascular streams, and thus anticipate threatening dangers in *disease* advancement, so as to prevent or limit their disturbance.

It will be his part also to problematically determine some means whereby changes giving warning of dire realities may be averted or carefully directed toward protective ends.

In emphasizing blood pressure observa-

tions, it is primarily important to refer briefly to some of the agencies that combine to produce and maintain normal as well as abnormal pressures, and to do this it will require only a differential reference to the greater forces involved. These are contributed to by the heart through its auriculo-ventricular activity, and is further augmented by arterial contraction that is nearly synchronous with the cardiac systole, plus the elasticity inherent in the muscular walls of the arterioles and capillaries. The expenditure and adaptability of these forces receive their chief stimulus and control from the splanchnic division of the vaso-motor system. Therefore the cardiac and arterial muscular energies, under splanchnic distribution, acting in consonance with the volume of blood passing into the arterial channels within a given period of time *make up* the associated and complicated force referred to as Normal Blood Pressure. *The variations* of these forces, incident to disease and functional derangements, make the changes called hypo and hypertensions, both of which are constantly *modified* by *physiological* deficiencies, as well as by *pathological* changes.

When observing the systolic and diastolic pressures, the variation in different registers should be significant as the unit of measure applied to the heart and blood vessel energies, also the vaso-motor activities involved in the conversion of a normal into an abnormal pressure. In order that this conception may be clearly understood by the observer, and be accompanied by a reasonable degree of accuracy and constancy, both systolic and diastolic pressure should be noted, also the pulse pressure and the cardiac load,—for the latter is largely the solution sought,—and the former a part of our present means, by which it is obtained. Therefore, I may be permitted to state in the beginning, that with our present knowledge and technique, no blood pressure readings can have any very important bearing in a given case under study, unless the forces determined embody the increased or decreased systolic, diastolic and pulse pressures, as well as the cardiac load in the solution.

Previous to the present year, altogether too little attention had been paid to diastolic compared with systolic pressures. Moreover a very large number of observers seem to have been interested alone in the study of systolic pressure without attempting to record the diastolic pressure. A study of the systolic pressure alone may be, and oft-times is, more misleading than instructive to the observer; as such slight physiological disturbances as over-eating, annoyance of a persistent character, continued severe mental anxiety, and other intensifying disturbances, are found to increase systolic pressure, and not infrequently some of these influences are present at the time when pressure observations are made.

Whatever increase is incident to the acting stimulus necessarily is registered with the functional or pathological disturbance present, so unless there be present evidence of cardio-vascular, or other disease disturbance, no blood pressure findings in which the systolic record alone is taken should be accepted as having any discriminating value or important bearing on the case. In fact, in no case whatsoever can the systolic reading, per se, be accepted as contributing any very definite or final knowledge to the clinician. The systolic pressure must be compared with the diastolic, and the blood prussure with the normal pulse rate before a consistent deduction can be made.

It is also essential that a number of readings be noted; in most cases a sufficient number to produce a *mean reading* that represents an average equal to at least one-fifth of the number of observations taken under favorable conditions, for many embarrassments and errors will creep in, and will continue to be met, until what is purely investigation develops into the broader and more assuring field of proven facts.

Of the various techniques already studied the *auscultatory method* has been most satisfactory to date, and some attempt should be made toward a standardization of the same, in order that our subsequent studies and records appearing in our journals and in the accumulating medical literature, shall have a uniformity of meaning when stated by the author. Therefore let me urge upon each of you the necessity of standardizing your own readings by using in all cases the auscultatory method unless otherwise stated.

The method is quite simple, and when employed sufficiently to familiarize one's self with the details, there will arise few if any objections to its use.

The problems of hypo and hypertensions are met with both in physiological and pathological conditions—in health and in disease. Moreover the study of this phase of the subject of blood pressure is at once involved in a difficult relation, as the two conditions may exist simultaneously, or the former may insidiously run into the latter, or the latter slowly emerge from the former.

Contrary to what was formerly held by the earlier authorities on the subject of blood pressure, changes incident to both functional and pathological diseases may be respectively associated with both hypo- and hypertensions; and not a few observers in the clinical study of the subject have testified to the above fact.

Especially is this true in functional diseases, and unless one keeps the mechanics of *normal* physiological forces clearly before him when conducting important observations, he will probably fail in the proper interpretation of what the *hypo-* and *hypertensions* should reveal to him. In the hypotensions as well as in the hypertensions, there are important conditions with which one has to deal—e. g., pathological changes, functional derangements and vasomotor crises—any, or all, may occur in a given case.

If we place 120 mm. as the minimal limit, and 150 mm. as the maximal limit of normal systolic pressure, all registers outside of these figures may be considered abnormal, but not necessarily pathological.

Likewise for illustration, let us arbitrarily establish a normal diastolic minimal and maximal limit. Take the systolic figures just cited, viz., 120 mm. and 150 mm., as the lowest and highest points within the limit of a perfectly normal systolic register; then a diastolic register should run somewhere within 40 minimal and 100 maximal limit, though a lower and higher register may be considered safe in a very low or a very high tension, if the cardiac balance maintains a pulse pressure within a normal ratio.

The accepted average normal pulse pressure has been placed at 50 mm. To illustrate—in a given case, a patient, age 60, systolic pressure 140 mm., diastolic 90, pulse rate 70, the pulse pressure would be 50. Or, suppose the diastolic pressure should be only 70 mm., this would indicate a pulse pressure of 70 mm. The findings in both cases, unless other evidences were present, would show a compensating circulation.

On the other hand, let us study the same case from a hypotension standpoint, and for illustration we will register a systolic pressure of 105 mm. and a diastolic pressure of 90 mm., the measure of the pulse pressure would be 16. Even if the patient showed few disturbing symptoms, you could scarce help seeing danger at hand, particularly so if the vasomotor tension should fall, when you would have before you a picture of a case in which you could be sure there had been previous degenerative changes in the heart; that the systolic pressure had previously been much higher, but through cardio-vascular or splanchnic changes, the systolic pressure had dropped, showing the integrity of the heart muscle can no longer maintain a higher or even a normal systolic pressure.

In this and in similar readings the pulse pressure of 16 mm. is a positive and reliable evidence of both the heart's present lack of capacity for energizing its blood streams, and a definite declaration of a previously existing cardiac or cardio-vascular pathology, or splanchnic inervation or both.

The peripheral resistance indicated by the high diastolic pressure, in the latter case, is too great for the heart to maintain and also sustain a relatively high systolic pressure, hence the very weak pulse pressure of 16 or 34% deficiency. As noted in the former, if we read the systolic at 180 mm., and the diastolic at 140 mm., the heart is exerting itself with an excess of diastolic pressure of 40 mm. in order to maintain a compensating balance. How long it will be able to maintain this, may be difficult of solution, but one fact is positive, whenever the compensating balance gives way, whether cardiac or vasomotor, danger will surely be close at hand. The pulse pressure, therefore, may be said to represent the sustaining power imposed on the terminal vessels by the heart's energy in systole, and their control by the vasomotor nervous system.

But there are a number of environmental influences, acting as factors, to be considered in the interpretations of a given number of cases, which make any series of observations an exceeding difficult problem. In the foregoing hypothetical cases, the heart load carried in the hypertension case would be 40/140 or 28% more than normal; and in the hypotension case it was 15/90 or 34% less than normal, making both an increased load, and a deficient load to be compensated for;—through vasomotor control in the hypertension case, and cardiac hypertrophy in the hypotension case. The principle of the disturbed balance is further explained in acute infections, e. g., in the acute toxemias. The average hypotensions may be less than the minimal limit stated in this discussion, and still be within the realms of a favorable prognosis.

Dr. Harris points out in the A. M. A. Journal, September, 1910, issue, that the systolic and diastolic pressures may be within the normal limits, and still the mass

movement of the blood be much impaired. Mostly in infections the heart load is below the pulse pressure without marked evidence of alternate systolic or diastolic changes.

Furthermore, it is also true that many patients with reasonable hypertension, both with and without valvular compensation, are not seriously embarassed, because for many years, owing to compensating hypertrophies, and other sustaining cardiac balances, which fortunately not infrequently intervene, protected the patient.

Extremely low pressures are sometimes met in drug poisoning, in surgical shock, and in the graver forms of infections, in all of which conditions the vasomotor influence exerted in the peripheral vessels is such as to deplete the arterial blood streams, and prevent the heart receiving its complement of blood with each systole. Though it is held by some authorities that the cause is to be found in the absence of proper sustaining pressure on the venous side of the circulatory apparatus, *rather* than in the arterial streams. But the point in question is immaterial because the results are exactly the same whether the systolic complement be prevented by interference on the *arterial* or *venous* side, and the vital point in this discussion is the fact of its *presence,* and the *urgent* demand for its relief.

The foregoing makes it apparent that dangers are as fixed in the *hypo-* as in the *hyper*tensions, and that any one attempting an interpretation of the more obscure phases of both the abnormally *low* and abnormally *high* pressures should have some definite knowledge of the physiological relations existing between the cardio-vascular system, and that of the vasomotor forces; as nothing short of disturbance, and oftttimes serious complications, may, and *do* follow interference with the intimate harmony existing in the circulatory cycle.

So dependent is the normal integrity of the heart energy on the support of the other relational forces, that marked inhibitory and other forms of vasomotor interference are not infrequently followed with grave danger and even serious results.

Considerable has been written with reference to the vascular tree and of the difference of pressure in the arteries and veins. While there is greater tension in the former than the latter, which would seem a wise provision of nature (as fluid by mechanical law flows from the point of greatest to that of least resistance), it is through the energy inherent in the cardio-vascular system and its proper distribution that the integrity of the heart is maintained, ar normal blood pressure is sustained, thoug apparently contradictory is the fact that infants and in very young children the no mal pressure is virtually nil; and, furthe if the heart ceases to functionate in a adult, the blood may continue to flow fro the arteries to the veins, till the relation and opposing forces in the vascular mai equalize, when stasis and subsequent e gorgement follow.

Moreover, we are called upon to encou ter a similar condition locally in seve trauma;—and in various vasomotor para yses, etc. Indeed, despite the variety c stimuli that influence the circulatory appa atus, and in one way and another affect th periodic activity of the blood streams, i their interchange through the arterioles, c pillaries and smaller veins, in completin the circulatory cycle, there *must be reco nized a momentary normal* stasis during th period of cardiac diastole, and this raise the question of constrictor power in th venous system. There is no longer a reaso for believing the venous system has no d rect constrictor muscular fibers, though th was the teaching of former years. It is fact that has been especially proven in th normal activities of the portal systen Again, in addition to the above forces, t which only brief reference can be mad there are also other inherent influences tha are relationally associated with the mechan ism of the heart cycle, e. g., excitability contractability, tonicity, conductivity an rhythmicity. The necessity and helpfulnes of these factors will grow more apparen as we proceed in our studies of the differen circulatory disturbances met in the varyin problems of disease.

What is more important to the patien than the rate of the pulse and the bloo pressure is the ability of the heart to loa and unload, so to speak, its full complemen at each cycle. Usually increased cardia contraction means increased resistance i the peripheral blood streams, and a corre sponding increase in the pulse tension; bu here again it is dependent on the systoli energy expanded and the rhythmic contro maintained between the cardiac supply an the peripheral demand. Since the early in vestigations in the nervous system b Claude Bernard, in the year 1852, vasomo tor energy and inhibitory control have bee recognized as important factors in all cir culatory problems. The severance of an one of these nerve branches is followed im mediately by relaxation, hyperemia, an

subsequent suffusion, but if the distal ends of the severed nerves be electrically stimulated, their former activities and control will return, thus demonstrating, in part at least, the vasomotor influence over normal peripheral pressure.

Reasoning a priori, we safely assume that in disease the same or similar influences are exerted on the peripheral vessels, in both the hypo- and hypertensions, though in a reverse way.

Extensive venous stasis frequently influence diastolic pressure; and particularly so when the heart has become enfeebled by mechanical obstruction through organic or functional inhibitory reasons, if otherwise capable of compensation. Evidences of this fact may be observed in the severe cases of pneumonia, typhoid fever, etc. Therefore, the close relation between the diastolic pressure and the pulse pressure and the diastolic pressure and the pulse rate should be borne in mind. A slow pulse rate is conducive to a full systole. Other things being equal, a slow pulse means a greater opportunity for the auricles and ventricles to fill completely; and this means a less frequent, and a longer diastole, or cardiac, rest.

When rhythmically conducted it also means more blood in the arteries to be distributed to the various organs, resulting in greater energy throughout the nervous, circulatory, musclar and digestive systems. An increase of diastolic pressure, associated with a weak heart, means a less forcible systole—and the diminishing pulse pressure means a shorter and feebler diastolic period.

A high systolic, or an increasing systolic and diastolic pressures, with a corresponding increase of pulse pressure, is an evidence of a compensatory attempt on the part of the heart to meet and adjust itself to the new conditions.

Preceding circulatory failures, in the presence of myocardial insufficiency, there may be an essential change in the readings; even to the extent of increasing the pulse pressure equal to, or greater than, the diastolic pressure. And under certain conditions the heart overload may exist for years with little or no evidence of decompensation, but when the overload exceeds 60% for some time, myocardial exhaustion should be looked for and may be close at hand. Hence over-exertion or undue strain should be prevented. Again, hypertension patients frequently do not show pressure symptoms until the cardiac overload exceeds 35%, and a few cases even 50%; but as a rule the greater the myocardial overload the greater the danger.

Still again, in cases where the diastolic pressure is unproportionately high, to the systolic pressure, even with a normal pulse pressure, and a low per cent. heart load, there may be threatening danger from a cerebral rather than a myocardial source. In a given case with a high pulse pressure, and a high cardiac overload, decompensation may be threatening. For example:

A patient recently came into my hands, 67 years of age, who had had two marked anginal attacks, and a history of two years of infrequent pseudo attacks. His systolic pressure was 170 mm.; diastolic pressure 80 mm.; pulse pressure 90mm.; heart load 110%; OL 60%. In the face of this history and the blood pressure readings, I looked for an early decompensation, which sadly followed within two weeks after his first visit to me. The decompensating evidence was shown in a sudden fall of the pressure, accompanied with sudden and severe cerebral symptoms, resulting in temporary loss of sight of right eye, partial loss of power in right arm and leg, and in the temporal division of the right trifacial nerve, with slight disturbance of sensation, aphasia and subsequent amnesia. Where an overload equal to 50% or more is present, and the pulse pressure equals or is greater than the diastolic pressure, the danger of myocardial exhaustion is imminent, particularly if added to these there is associated a rapid pulse rate. The above applies to many of the exophthalmic cases, and to a few paroxysmal tachycardias.

Closely observed, we find the blood stream of these latter cases greatly diminished—the systole is increased, and the diastole shortened; neither the auricles or ventricles have time to completely fill, and the volume and mass movement of the blood becomes greatly impaired.

It is to be regretted that our present observations will not warrant specific statements with reference to sequences in myocardial fatigue, though it is nevertheless interesting to note the circulatory embarrassment when the pulse pressure falls rapidly, or a low pulse pressure of only 15 or 20 is present. In some instances where the cardiac load has been excessively large, say, upwards of 120%, serious results have followed a sudden decrease of this load, as though the change was preceded by rapid and dangerous dilatation.

While our studiesd in hypertensions are exceedingly interesting, they are little more

so than are the *hypo,* or low tensions, with a low pulse pressure, except the latter as a class are more rapidly fatal; hence a word of warning to the surgeon should be timely, because most cases with abnormally low systolic pressure, heavy cardiac overload and a low pulse pressure of 20 or less, die within a reasonably short time, and rarely survive surgical operations. Very important also is the venous tonicity, for when obliterated by shock, as in hemorrhage, in mechanical pulmonary and portal engorgements, the arterial output may be markedly lessened, thus greatly lessening the pulse pressure and definitely endangering the patient.

Also, the steadily increasing diminution in blood pressure following suspected internal hemorrhage may lead to the detection of the latter, and be used to good purpose in protecting the typhoid and other patients with gastro-intestinal ulcerative areas.

Unfortunately thus far the study of blood pressure as a *guide* to the functional ability of the heart and the adequacy of the circulation is not obtainable through the mean blood pressure, as it alone tells us absolutely nothing of the heart's ability to carry on the circulation. Clinically normal and even somewhat high tensions may be observed in patients dying of slow cardiac failure, and in animal experimentations, fatal hypotensions occur when the heart is abundantly able to maintain a higher blood pressure, if sustained by a proper peripheral resistance. This fact is not so puzzling when one remembers that the normal vasomotor tone varies in particular areas in response to local need, though the total end pressure in the smaller arteries is increased by their dilatation.

Indeed, after much has been said with reference to our present knowledge of hyper- and hypotensions, and their relation to local and systemic pressures, the splanchnic nerve system, through its stimulating and enervating control exercises by far a greater influence on the diastolic pressure than any other force, and this may be offered as a reason why renal diseases have been considered for some time the most formidable pathological factors in the cause of hypertensions, and recent investigations have reasonably well satisfied most authorities that sclerosis of the peripheral arteries does not cause increased blood pressure.

The apparent opposite opinions may find a common explanation in the improved methods nowadays of studying and diagnosing kidney diseases, as it is being more and more accepted that the absence of pathological findings in the urine does not exclude the presence of serious renal involvement, for approximately normal findings associated with hypertension, have shown in a number of instances, how important it may be not to exclude the possibility of nephritis in the absence of albumen and casts. In fact it may be stated in all cases of hypertension above 200 mm. nephritis is almost always present in some form, and is the causative factor in producing the increased blood pressure.

While nephritis is much less frequently reported in hypertensions of 180 mm. and less, it is hardly possible that the persistent increased blood pressure over the normal, is due to causes different from those operating in the more advanced cases.

Rather more likely, the disease involves less of the kidney structure, or the involvement is of a less disturbing type, for bearing upon this particular subject, it is now well established that a kidney may be so affected as to modify the general blood tension without showing even the slightest diminution in eliminating power. The glomerulo-type of nephritis lessens very greatly the importance of any but the most recent reports of the presence or absence of renal involvement in cases of hypertension, and no case should be pronounced one of the nephritis from the mere negative or positive evidence of albumen or casts, or from a microscopical examination of the gross kidney appearance.

There is just one other type to which I wish to call attention before closing, and that is the type exhibited in the hypertensions, but in which normal or nearly normal pulse rate or pulse pressures are maintained; even though the systolic tension should be 200 or upwards, for the reason that in spite of high tensions a well balanced circulation has been maintained and this is greater in the functional control than in the disease influence, and no serious danger threatens as long as the cardiac *balance* is maintained. However, the relative co-operation of forces which assure the heart's stability do not insure against the cause of the hypertensions, and sooner or later decompensation is likely to occur; then the danger is para pasa with the deviation and the measure of the decompensation, rather than the extent of pathological changes.

There is therefore, in the foregoing, multiplied evidence of at least one great and indisputable fact emphasized from

varied angles—viz., that the greatest problem yet, differentiated and made practical in the treatment of both high and low blood pressures, is that which we may designate *cardio-vascular balance, and it is of much more importance to our patients, that we be able to recognize its absence and presence and know how to restore and maintain it, than to understand all about the theories, and technique of the highest and lowest systolic pressure consistent with health or life.* To know that a complement of freshly aerated blood is reaching every organ in the body with each systole, and how to preserve this condition, is of vastly more importance than to know the pulse rate or the pulse pressure; although coincidentally a knowledge of these help us materially to determine the other.

Roughly speaking it is claimed that the velocity of the blood stream is equal to the pulse pressure multiplied by the pulse rate; but of what assistance can a knowledge of this fact be to a physician, and of what interest to a patient in a collapse or with threatened apoplexy, unless he has a knowledge of how to restore the cardio-vascular balance, and thus relieve the present danger. But in the former the systolic and diastolic pressures will announce to him the increasingly diminishing or failing energy of the inhibited, fagged or forceless heart. The latter will apprise him of methods of relief and enable him to to evert danger.

So if we read our findings accurately, interpret them correctly, and apply our therapy judiciously, a knowledge of the cause and practical relief from abnormal blood pressure will become an added strength in our armamentarium—a useful influence in our efforts to advance medical science, and an immeasurable power with our many opportunities to afford needed relief, and an assurring comfort in our efforts to restore health and prolong life.

A RECOVERY FROM TUBERCULOUS MENINGITIS.*

By Palmer A. Potter, B. S., M. D.,
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and
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This case, a boy, John B., Italian ancestry, three years old, was brought into the children's ward of the Orange Memorial Hospital on April 16, 1913, with a temperature of 99.4, a pulse of 144, and respirations of 36. His clinical symptoms were those of meningitis, with pupils alternately dilated and contracted, marked rigidity, not only of the muscles of the neck but of the entire body, and a rapid turning of the head from side to side. A spinal puncture was immediately made and seven ounces of perfectly clear fluid were withdrawn and sent to the laboratory for diagnosis. This specimen was reported by Dr. Cline, the hospital pathologist, to be undoubtedly tubercular, containing rather numerous tubercle bacilli.

As a result of the withdrawal of the spinal fluid, which was apparently under great pressure, not only was the clinical diagnosis substantiated, but the opisthotonos and general rigidity diminished and the child appeared in every way more comfortable. The ears and eyes were examined by the attending oculist the day after admission, and the next day—April 18—the right ear drum was punctured, with a slight discharge of pus but with no amelioration in the clinical symptoms. On April 20th, 25 c.c. of rather cloudy fluid was withdrawn from the spinal canal and the relief of the pressure again seemed to cause a diminution of the child's apparent discomfort. The prognosis, of course, had been declared to the child's parents to be hopeless from the moment the positive diagnosis was made, and the only reason for the repeated lumbar punctures was the attempt to make the child more comfortable and to relieve the intense cerebral and spinal irritation.

As soon as the diagnosis was positively determined, a search was made through the household for the source of infection, and in line with our usual experience, a case of active tuberculosis was found to have been in immediate contact with the child, for the mother's sputum was full of the bacilli, and she had unmistakable physical signs.

During the following two weeks spinal fluid was eight times withdrawn from the child, not with any idea or hope of in any way changing the final outcome of the case, but simply to make the patient more comfortable. By May 1st, two weeks after admission, the clinical signs of the disease had become unmistakably less. This we supposed to be one of the temporary periods of apparent improvement so common in this disease, but instead of a recurrence of the symptoms in a few days or a week,

*Read at the Annual Meeting of the Medical Society of New Jersey at Spring Lake, N. J., June 29, 1914.

the child has gradually and continuously but slowly, progressed to good health and a normal condition. The spinal fluid on June 12th showed no tubercle bacilli.

The child has been discharged from the hospital as cured and sent, not to his mother, where the probability of infection would be great, but to his sister, in another city, where his future history will be carefully followed.

If the child's improvement and present perfectly normal condition is not a recovery, as it appears to be, but simply a temporary improvement, to be followed by a recurrence of the symptoms, it is much the longest period of improvement in this disease of which we are able to find any record. If the improvement, however, ultimately proves to be permanent, and the child continues, as it appears at present, perfectly well, we feel that the history of even one recovery in this disease is worthy of record.

There appears to be three possible explanations for this apparent recovery, from what is practically a fatal diseases.

One, and we think it the most unlikely, is that the diagnosis is incorrect. The spinal fluid, and the specimen stained and examined we are positive is what was taken from this child, undoubtedly contained tubercle bacilli in considerable numbers. Dr. B. F. Cline, the pathologist of the hospital, formerly Assistant Professor at the New York Post-Graduate Medical School, has had wide experience, and it is upon his authority that the positive diagnosis is made. His opinion, moreover, is agreed with by the five members of the attending staff who have examined the slides.

Another explanation may be that the personal risistance of the child simply overcame the disease. But certainly the child's family history and ancestry are not such that one would ascribe to it any inherent ability to overcome a disease that in other children is practically always fatal.

The other, and most likely explanation is that the frequent tapping of the spinal canal acted as a drain and was able to remove the greater part of the infection.

Cases of tubercular peritonitis, accompanied by effusion, are quite often cured by open drainage of the fluid. Why may not cases of tubercular meningitis, with the cerebro-spinal fluid in great excess and consequently under high tension, be also aided to recovery by relief of this tension?

Martin quotes a case, exhibited by Rumple in Munich, of tubercular meningitis in a boy of nine, who recovered after repeated lumbar punctures. The fluid in that case also showed tubercle bacilli.

Pitfield, in a recent article, finds that only twenty-nine cases of this disease have recovered, and it would seem that the history of one more case, with a suggestion as to what may have been an aid to recovery, may be of value.

DISCUSSION.

Dr. Frank W. Pinneo, Newark: Here is a case reported of recovery from a disease universally known to be so severe that an absolutely bad prognosis is invariably given and the very few cases of recovery recorded are scrutinized with pitiless demand for incontrovertible evidence of the infection. In tuberculous meningitis the symptoms are so many and so differently associated in cases that the diagnosis can never be made on clinical grounds alone. Osler says there is "no symptom of meningitis which may not be present when, yet, there is no inflammation of the meninges." Otherwise we should, among other things, want here to know the complete temperature curve and more close observations of pulse (which was, relatively, not slow). Lumbar puncture (without which the diagnosis cannot be made) here afforded convincing evidence of the tubercle infection. I did not learn whether the finding of the tubercle bacillus in the spinal fluid was confirmed in any of the other tappings, prior to the final one, which was negative. The ear might have caused all the symptoms, even without any meningitis, and the spinal fluid, cloudy and under greatly increased pressure, might have been from a diplococcus or pheumococcus or streptococcus infection; but, more than these, there were found tubercle baccili in the spinal fluid; no further evidence on diagnosis is needed; this is final. Any doubt on identification of the specification of the specimen seems to be well contested, and we cannot doubt the painstaking care of the report. We need not be surprised at a tuberculous meningitis. It is common, and recoveries are not as rare as once thought. Pitfield summarizse 29 recoveries. Riebold reports recovery after 24 punctures and quotes 10 authors with reports of well authenticated recoveries. On treatment we cannot doubt that spinal puncture repeated, and often repeated, is the most hopeful thing available. It is not done as frequently as it ought to be for both diagnosis and treatment of any meningeal disease. I think spinal puncture is not as accurately observed as it might be; I mean spinal pressure, as the ascertainment, on puncture, of a pressure increased above the normal, which is 20-25 min. Hg., would often be important and it would be aided by an apparatus for manometer reading. Tuberculin is for many tuberculous infections a valuable means for increasing an artificial immunity, but it is a sharp instrument and not to be used promiscuously or without studious interpretation of the reactions it produces and the conditions indicating its use. Bandilicrand Roepke put tuberculous meningitis in the group where tuberculin is useless and not without danger. Very generally the local signs of

tuberculous infection are merely the result of long standing latent infection in other parts of the body. Dr. Synnott this afternoon has pointed out, in another paper, in cases of too prolonged sterile food the possibility of inducing tuberculous infection. We have ceased to think of cases of tuberculosis as of chance heredity or infection, but rather as those of the few among the many infected. The mortality from tuberculosis is highest at two periods, in the first five years of life, the maximum in the second year, and in the third decade, between 20 and 30 years. In a paper last year on some phases of tuberculosis in children I assembled some mortality charts from certain large German clinics showing the high mortality from tuberculosis in the first five years. If we could superimpose on this chart of early mortality another of morbidity we could explain the deaths in the third decade as due to old latent infection, they escaping early death, though infected. Finally this recovery was due, largely, to repeated lumbar punctures. I suggest that we neither consider meningitis as rare, on the one hand, or as common on the other, but that we systematically study and observe all clinical symptoms and their treatment in each case.

Dr. Abraham E. Jaffin, Jersey City: I think Dr. Potter is to be congratulated on this unusual result in such a common infection. I am also glad to hear him emphasize the advisability of frequent tappings under any conditions such as he indicates. I should, however, like very much to hear the report on the cloudy fluid and what relationship it had to the subsequent symptoms in the case, not questioning at all the finding of the tubercle bacilli.

Dr. Potter, closing the discussion, said. There is nothing I can add to the discussion except to answer the question of Dr. Finke, as to whether spinal fluid was examined between the diagnostic examination and the final examination, after the child had recovered. It was not, as a positive diagnosis by an expert pathologist was considered sufficient, and the case was regarded as one that was sure to end fatally.

PRIZE ESSAYS.

First Prize—One Hundred Dollars. Presented at the Annual Meeting of the Medical Society of New Jersey, Spring Lake, June 30 th, 1914.

THE REDUCTION OF INFANT MORTALITY: HOW CAN IT BEST BE ACCOMPLISHED?

(With special reference to the problem in New Jersey.)

By Thomas N. Gray, M. D.,
East Orange, N. J.

A conclusion as to the methods and lines of direction to pursue which will result in a marked lowering of infant mortality in New Jersey can be arrived at only through a consideration of the underlying and immediate causes; the means so far used to lower it; and the results accomplished by those means.

From such analyses and study have come thoroughly worked out, having been ascertained through analyses of the death rate from all angles, and a study of observations of post-natal facts, which do not show in the published death rate.

From such analysis and study have come the following findings: The large majority of deaths under five years of age occur under one year, with the greatest proportion in the first three months of this year, the first month the most fatal of these months and the first week the most fatal period in this month. Cities have a much larger percentage of deaths than have the rural districts, with this percentage still larger in manufacturing cities; the tenement districts in cities furnish the large majority of deaths in a city; the death rate during the summer months is far greater than is that of other seasons; more deaths occur in the practise of midwives than in that of physicians; deaths, after the first two weeks, are almost entirely among the artificially fed; the majority of infants on the breast for the full nursing period survive, even in the most unideal surroundings; if an infant is breast fed for the first three months, its chances for surviving the balance of the year on artificial feeding are greatly increased, this being true in unideal as well as in ideal environment.

These findings establish the first year of life—the nursing period—as the critical year of life, and show that pre- and neonatal causes must operate to make the first week, month and three months of this year the most fatal time of infant life. They also establish the fact that causes, besides artificial feeding, operate in cities which do not operate in the country to any extent, and never pertain to the home with comfortable income, hygienic conditions, sunshine and fresh, moving air, as in the country, and in the house with ideal conditions, the majority of artificially fed infants survive, while in the tenement districts of the cities the majority die.

The pre- and neo-natal causes are varied. Syphilis is undoubtedly almost entirely responsible for the deaths which occur in the first few days of life and is, as well, largely responsible for the deaths occurring under three months. The absorption of metallic poisons, especially of lead, by the mother is a direct cause of impaired vitality in the infant, which makes it suc-

cumb to slight causes in the early weeks of life. How common is such poisoning by lead is shown by the last published report of the United States Bureau of Labor, which gives the ratio of those working in white, yellow, art and utility ware and in tile works—one in five.

The large death rate in manufacturing cities shows influences at work which are not present in non-manufacturing cities. Economic conditions compel the mother to work in the factory and to continue the work to within a short time before the birth of the child; and the same poverty which compels the work makes impossible food of proper character and quantity for a pregnant woman. Under such conditions the woman is low physically, and the infant is necessarily ill-nourished and low in vitality. Ignorance on the part of many, in the tenement districts particularly, of the bad result on offspring of insufficient food, insufficient exercise, improper care of the general health, hard work continued through the pregnant period, crowded sleeping rooms and general unhygienic conditions, is another marked factor among pre- and neo-natal causes.

That these causes continue to act, if the infant lives through the remaining months of the first year and even through the second, is shown by the fact that the insignificant diarrhoea or slight bronchitis, for instance, of the normal infant, under healthy conditions, frequently proves fatal to the tenement infant of the same age, the fatal diarrhoea or bronchitis being the end result of conditions which began during pregnancy or before conception.

What are the post-natal causes operating in cities? Economic conditions, artificial feeding, environment, ignorance, midwife, tuberculosis. The economic factor compels the mother in the manufacturing cities to return to work in the factory within three weeks after the birth of the child, at the latest. Immediately enters the artificial feeding factor; for mothers in cities who can stay at home and nurse their babies will save them in the majority of instances, even if the environment is of the worst, while the mothers who have to go to work and put their babies on the bottle, bury their infants with great regularity. Two striking instances of the part artificial feeding plays in infant mortality are the following: During the cotton famine of 1860 women workers in the cotton mills were idle and consequently nursed their babies for the whole or greater part of the first year. The death rate in these cotton mill cities fell fifty per cent. During the Siege of Paris, in the Franco-Prussian war, cows' milk was unobtainable, and mothers whose habit it had been to feed their babies artificially were compelled to nurse them through the nursing age. The death rate of infants in Paris for the year fell from 33 per cent. to 7 per cent.

The environment factor precludes fresh, moving air and sunshine. The normal infant requires these for perfect development. How vital they are to an infant below par! The ignorance factor makes for unintelligent care of the infant, the unhygienic house and unhygienic care of milk, bottle and nipple, all of which, under such conditions, are agents of death. Environment and ignorance are also responsible for many of the deaths of the breast-fed that occur in the tenement districts of cities. The midwife acts as a factor because, as a rule, she does not instruct the mother as to the importance of breast-feeding, because of lack of knowledge on her part of the fateful results of artificial feeding. The same lack of knowledge holds true as to the necessity for cleanliness of utensils, bottles and nipples and care of milk when the infant is artificially fed.

There is a difference of opinion as to whether infants can be infected by milk from a tuberculous cow. That the meat of a tuberculous animal will infect a human being is an established fact. This being so, it is a fair inference that milk from a tuberculous animal will do the same.

There is the same difference of opinion as to the entry port of bacilli of the human type, some maintaining that inhalation is the mode of entry of the bacilli in most instances, others that the chief mode is by food to the intestines. Whether the greater number enter by inhalation or by food should not enter into the question of prevention. We know that infants in their play on the floor contract tuberculosis from the dust blown in from the street, or from sputum deposited on the floor of the ignorant home; and we know that younger infants contract it, if not playing on the floor, through the inhalation of the bacilli-laden dust in the unhygienic home. We know, too, that it is contracted from milk contaminated with bacilli in handling and through lack of protection from dust. En-

vironment is a source of increase in the number of tuberculosis cases, as open air and sunshine are prophylactic and disinfectant—and both are lacking in the tenement.

What are the factors in the increased death rate in the summer months? Heat—not necessarily excessive, humidity, environment, ignorance, poverty and artificial food. Excessive heat alone, or humidity alone, depresses the infant in functionating power and in resistance to the toxins of bacteria. Heat and humidity combined, even if the heat is not excessive, act more quickly and markedly. The heated atmosphere interferes with the loss of body heat, humidity still further interferes by preventing evaporation. In consequence of retained heat and inactive skin, the infant's metabolism is interfered with. The child with normal resistance can withstand the conditions for a time and recovery from an illness if the home is in the country and it can escape some of the effect of the heat and humidity through the breeze under the tree or on the porch. This opportunity is denied the infant in the tenement, and it must make its fight in the stuffy room, its only relief coming when night allows the use of the roof.

The same atmospheric conditions affect the milk. It may be of low bacterial count when it leaves the dairy; but through lack of ice during transit it reaches the house with the count greatly increased. Or the milk, clean at the dairy and properly iced during transit, comes to the house where the ignorant mother knows nothing of home, personal or milk hygiene, and where, perhaps, poverty precludes ice. In such a home the conditions are ideal to make the cleanest possible milk rapidly dirty. In the winter, with the temperature of the air keeping the milk cold, and the infant in better resistance condition, the artificially-fed of the tenement not infrequently live; but in the summer months, with atmospheric conditions depressing vitality and digestive system, the dirty milk makes the death rate big.

We have seen how artificial feeding runs along with all the other factors; and the two facts, developed earlier, that the majority of infants who die within the first year, with environment, economic, poverty and ignorance factors playing no part, have been artificially fed, and that the breast-fed infant, born with normal vitality, will survive, in the majority of instances, in the worst kind of environment, establish artificial feeding as the greatest single post-natal factor, and invite the query: Why so many artificially-fed infants? We have seen that the economic factor which compels the mother to abandon her infant in order to return to work in the factory and the uneducated midwife are responsible for practically all of the artificially-fed in the lower strata of life. In the upper strata the woman differs from her sister in the lower in that she abandons her infant so that she may have more time for outside interests. The accommodating physician differs from the midwife in that he is educated and knows the dangers of artificial feeding. Here, at least, the medical profession in its organizations can do something positive, by branding as unethical the physician who accommodates himself to the mother who wishes to put her infant aside.

What has been done in this State to minimize those causes which begin prior to or during pregnancy? A beginning has been made toward the education of the ignorant mother, through visiting nurses. These nurses teach the mothers the necessity for care of themselves and their health to insure healthy, normal babies; also they teach the danger of artificial feeding, and, if this becomes a necessity, how to modify milk and how to keep it, and everything that comes in contact with it, clean. Such education has been under way for too short a time to estimate results; but these can be forecasted by the remarkable results obtained in New York City, by this means alone, in infant mortality reduction. In addition to this, one hospital at least is giving midwives ante- and post-partum instruction in the care of the mother, and teaching them the necessity of breast feeding for as long a time as possible, and the necessity for a clean, and kept clean, milk. Also it is supplying wet nurses who have been tested for syphilis and tuberculosis.

Within the past two years a philanthropic movement to curtail syphilis has been undertaken, through education of fathers and mothers as to the effects of this infection on life, and on infant life particularly, and to urge them to give their children that knowledge of sex matters which will safeguard them, so far as they can be safeguarded, by knowledge gained from parents. Such a course on the part of parents cannot but result in a cleaner fatherhood and motherhood than pertain at the present time.

At the last session of the Legislature a

bill, which is now a law, was passed providing a better safeguarding for those engaged in occupations which subject them to the danger of metallic poisoning. That this will result beneficially is certain, as such a law in England has reduced the number of women poisoned by lead alone to one in sixty, from a former ratio of one in seven.

The educational work through visiting nurses, hospital training of midwives, sex hygiene work and the metallic poison law, makes the sum total of effort against pre- and neo-natal causes operating to aid in the production of the high infant mortality.

What effort has been made in this State toward minimizing post-natal causes? The certification of milk by a medical milk commission which, begun in Essex County, has spread until now Union, Sussex, Morris, Passaic, Hudson and Ocean Counties have a medical milk commission. The good accomplished by this means of insuring a clean milk to the artificially-fed infant has been great, but it is restricted in application, as the price of milk so certified prohibits its use in the place of greatest need —the tenement districts of the city.

Diet kitchens and milk-dispensing stations which provide a clean milk are numerous in the State; but any beneficial result from these is negligible unless, with the giving of milk, there is provided the visiting nurse; for the milk, clean at the dispensing station or diet kitchen, rapidly becomes dirty milk in the house lacking in the rudiment of hygiene—cleanliness. While the good result of dispensing alone has proved negligible, the consultation station which, with the milk, provides a nurse speaking the language of the home, has accomplished marvelous results in lowering infant mortality in the localities where it has operated.

Although not instituted with reference to the reduction of infant mortality, the State Tenement House Commission, the Tuberculosis Among Animals Commission and the Board of Health have a bearing upon it; for with the transformation of the tenements into homes with fresh air and sunshine possible, with every tuberculous cow in the State slaughtered, and every tuberculous cow from without the State kept out or, if gaining admittance, slaughtered, and with effective supervision of the creameries and dairies within the State and of milk coming into the State, the effect on reduction would be great. But the Tenement House Commission, with a good law behind it, is handicapped by insufficient funds; the Tuberculosis Commission has no initiative power, as it cannot enter upon a dairy farm, except on "notification by the Secretary of the State Board of Health," or by "request of the owner of the dairy animals to inspect such animals as are supposed to be diseased with tuberculosis." Even if this Commission had initiative power, parsimony again, or ignorance of legislators, allows but seven inspectors for ten thousand dairy farms alone. not to mention creameries. The report of this Commission for 1912 shows the number of herds physically tested as 230, and the number tuberculin tested as 159.

The report of the State Board of Health for 1911, under the head of Division of Creameries and Dairies, contained this statement: "To thoroughly inspect these creameries and dairies would require an inspector in every county in the State; with the present meagre force it is impossible to inspect all the farms even once a year." Because of this meagre force—a chief and four inspectors—the Division adopted, according to the report, the plan "of co-operation with those local boards of health which manifest a certain interest in their milk supply." The 1912 report of this board shows the same plan of dealing with the inspection of dairy farms.

This 1912 report reveals that less than fifty out of the four hundred and seventy-six sanitary districts in the State has the "certain amount of interest in their milk supply" which the Division of Creameries and Dairies makes the basis of inspection. These are about all one would expect to show this "certain amount of interest," when the character of the membership of the average local board of health is considered, being, as it is, composed of men to whom the appointing power is in debt, and because of this political debt, suitability is not the basis of the appointment. Of this small number of districts which have any interest at all in milk supply, four only have a penalty-carrying ordinance, requiring a license, with a definite standard of milk and a periodical examination of the milk.

In addition to this survey of what is being done within the State, a survey also of what has been done outside the State will aid in arriving at a conclusion of "how

best" to accomplish a reduction of infant mortality in the State.

France, years before any other country, took steps to stay the infant mortality rate, and began active work along definite lines, urged thereto by the threatening economic, industrial, agricultural and general conditions, due to a combination of high infant mortality and low birth rate, which was rapidly lowering population. Women were aided financially, so that they could spend the last months of pregnancy at home, instead of at arduous work, and remain at home and give their infants natural food for a definite length of time after birth; instruction was given to the mothers on self and infant care, and clean milk was provided when the time came to put the infant on artificial food.

For some time past a number of foreign countries have forbidden by law the employment of pregnant women in factories after a fixed month of pregnancy and before a specified time after the birth of the infant, meeting the economic condition by giving the mother a pension during the time of the enforced stay at home.

New York City has for a long time had consultation stations, and given care to the character of the milk supplied to artifically-fed infants; and, since a later date, has given attention in a systematic manner to the instruction of expectant mothers, following this up with oversight and instruction through a number of months after the birth of the child.

The results accomplished through means employed both in the State and outside the State, must be considered before stating a conclusion. The effect of the agitation of the question of infant mortality by the medical profession, through National and State public health committees and their lecture courses to the public, and by the magazine world, has been a gradual education of the public, which has resulted, through this education and a consequent demand for better conditions and particularly for a cleaner milk supply, in a lowering of the death rate of infants all over the country; and in this, New Jersey has shared. In France, the means employed quickly resulted in a great reduction of infant mortality. The same have been true in those countries which, by law, keep the pregnant women out of the factories for a definite time before and after the birth. In New York City, adding a visiting nurse to the consultation station showed immediate results, and with the institution of a follow-up educational work, these results have been greatly augmented. In our own State, outside the general reduction, due to agitation of the question of infant mortality, and the consequent general education, what reduction has been accomplished has only been in spots. The reduction, however, in these spots, the reduction due to agitation and the reduction accomplished outside the State, all emphasize the inability of public welfare organizations, through scattered and ununited effort, to accomplish great results, and emphasize with equal strength, that effort should be State-wide and uniform.

There is but one way in which this can be done, and the crux of my argument is that the State itself must apply itself to the reduction of infant mortality, this being not alone the "best" way, but the only way in which material, State-wide, permanent reduction may be accomplished.

Conditions of environment inimical to health and life; economic conditions, existing because of ill-paid labor, or of conditions of labor which unfit a woman for child-bearing and rob the infant of nature's food; civic conditions which can be bettered, but which, existing, correlate with atmospheric conditions for ill; syphilis, a communicable disease; the uneducated midwife jeopardizing life—all are fundamental, having to do with the relationship between people and government.

Many of these conditions, as referring to the adult and older child, have been so regarded. Safeguards of health, life and limb in factories; the hours of labor for man; authority over contagions and infections; playgrounds for children; a standard for the issuing of a license to practise medicine, have all been the subjects of legislation. But, aside from quarantining and isolating infections, very little has been done for the conservation of infant life, and that little has been ineffective through the lack of funds.

The same treatment accorded to syphilis as is accorded to other infections and contagions; raising the standard of education of midwives; providing for the enforced non-employment of pregnant women in factories, for a period antedating the expected accouchment and continuing through three or four months after, with a pension per week or month equal to the amount of wages so unearned; State and municipal health departments, so constituted in

knowledge of sanitation and so equipped with appropriations as to be able to give intelligent, effective supervision of milk from dairy or border line to refrigerator; more effective Tenement House and Bovine Tuberculosis Commissions—all are subjects for legislation.

The questions of providing ice for the homes where there is an artificially fed infant and in which poverty precludes it; of providing parks in the tenement districts, where the infants of these districts may get fresh moving air in the hot, humid months; of providing nurses to go into the homes of expectant mothers to give instruction in self and infant care and in home and milk hygiene—all these pertain to the municipality, which receives its powers from the State.

Not only should the State apply itself to the work because it is the only instrumentality through which State-wide effort can be made, but also because an infant has a potential value, commercial and civic, which self-interest should lead the State to foster and care for. The State does this with the child of school age, and continues by fixing a limit of age at which a child may leave school and take employment; and the reason for doing so at this time is from recognition of the necessity to the State of robust, educated citizens—robust for their commercial value, educated for their civic value. This recognition should extend back to the infant, whose commercial value can be estimated by the effect of depopulation on present conditions; the working mines, cultivated farms, prosperous businesses in city, town and village, the whirring factory wheels and public utilities. How would all these conditions deteriorate under a 100 per cent. infant mortality! France faced a danger almost of this degree through the combination of high infant mortality and low birth rate. The loss to the State as between a 100 per cent. infant mortality and a 25 per cent. infant mortality is only one of degree.

The same argument holds true in reference to the potential civic value of an infant. How would all civic conditions deteriorate under a 100 per cent. infant mortality, continued for a time with the State dependant upon foreign immigration for its population! This State has had, and has, its men and women, the influence of whose lives have had, and have, a distinct value, aside from commercial, to the State. Succinct examples of the value to the State of those qualities which are potential onl in the infant are: the one to whom we as cribe our present day world-wide civiliza tion, whether we hail Ecce Deus, Ecc Deus-Homo or Ecce Homo, who was th infant in the manger, who survived th environment and vicissitudes of his infan life; the one whom we honor as th "Father of his Country," who was the in fant in Virginia, and the one whom w revere as the "Savior of his Country," wh was the infant in the log cabin in Ken tucky.

Conclusion: To inaugurate and carry o to successful issue the solution of the prob lem of infant mortality, the State shoul have a Department of Child Hygiene, wit appropriation sufficient to conduct the wid est investigation into the causes of infan mortality, and of the means to be used t effectively and permanently lower it, and t put these means into operation; and wit that latitude of power which will enabl it to make every department of the Stat having any bearing on life and healt dovetail with its work. And the Medica Society of New Jersey should undertak the education of the public to the poin where through its demand such a depart ment shall be organized and be kept i effective operation.

THE OXYURIS VERMICULARIS A A CARRIER.

FRANK C. HENRY, M. D.,
Perth Amboy, N. J.

We have always known that the oxyuri vermicularis is one of the common para sites in the large bowel, especially in chil dren, but as a mischief-maker it was neve taken seriously. After twelve years of op erative experience, I have come to the con clusion that the oxyuris is not as harmles as is generally supposed. My operative ex perience has been limited, but I have foun the oxyurides present in appendicitis i twelve cases. Eleven of these were chil dren. One patient was twenty years old.

In discussing the matter with Dr. G. E Brewer of New York, he said, up to tha time he had never found oxyurides in th appendix. There are various reasons wh a man of his vast experience has neve found them. The principal reason being that the cases of primary appendicitis, ar referred to him by the family physicia and by the time he operates, suppuratio or gangrene has taken place, and the oxyu

rides have disappeared. I know, however, if our pathologists would examine their microscopical sections, giving attention to oxyurides, a great many more would be found. Let me describe one case which is typical. Mary P., aged 9, was sent to the Perth Amboy Hospital May 20th for operation, diagnosis being appendicitis, supposed to be the primary attack. The child was suffering pain at intervals for three days, bowels constipated, some vomiting. We had a history of a gangrenous appendix in another member of the family, operated the year previous (showing infectious nature of the disease through the carriers). On examination I found temperature 100°, pulse 110, her abdominal wall slightly rigid. This case being one where I would consider finding oxyurides, I decided not to operate that day, but requested the nurses to look for oxyurides in the stools; the next day, May 21st, the nurses reported not finding any. The patient was operated, appendix was found club-shaped, free from adhesions, in normal position and slightly rigid. Upon opening the appendix after removal it was found to be literally alive with oxyurides. Child made an uneventful recovery, out of bed on the fourth day. My belief is, that in another day, suppuration would have taken place, and oxyurides would have disappeared.

In my experience so far I have found the oxyurides present only in the primary attack. In one primary case, a gangrenous appendix, I did find some dead oxyurides.

My belief is that the role the oxyuris plays in appendicitis is that of a carrier, the same as the fly, mosquito, etc.

Ten years ago in an article in the New York Medical Journal, I said the best way to prevent appendicitis was to warn mothers of the danger of pin worms.

Of course where the lumen of the appendix is interfered with by adhesions or a so-called catarrhal condition (both conditions caused primarily by oxyurides) I do not expect to find oxyurides present when the appendix is opened.

Clinical Reports.

Invagination from Ascarides.

Dr. N. Novaro, in Policlinico, Rome, reports two cases. One was a child of 5, one an infant of 14 months and both required an operation. The older child had swallowed a hat pin, which could be seen in the cecum on roentgenoscopy. The invagination was a surprise; the intestine was packed with ascarides.

Acute Leukemia.

Dr. J. Citron, in Deutsche Med. Woch., Berlin, reports the case of a previously healthy and well-to-do man of 50 who developed acute leukemia with hemorrhages from the mouth and death from progressive weakness in six months. The man had been a vegetarian for many years and scorbutus had been the diagnosis at first until examination of the blood showed typical micromyeloblast leukemia. In a second similar case nothing but examination of the blood gave the clue to the clinical picture. Citron draws the important lesson from his study of these cases that leukemia is unmistakably an infectious disease and that acute leukemia develops when the virus attacks a person constitutionally inferior, such as with the thymic-lymphatic status or an organism that has been artificially placed in a condition analogous to the thymic-lymphatic status by exposure to the Roentgen rays. The mobilization of leukocytes is the response of the organism to the invading virus, and we are on the wrong track, he declares, when we attempt to destroy the leukocytes unless they are mobilized to such an extent as to be directly mechanically injurious. Until we learn what the virus is, and can thus treat leukemia understandingly, it is better, he declares, to acknowledge our helplessness rather than to cradle our patients in illusions of therapeutic measures which go counter to what we already do know.

Congenital Heart Disease: Probably Pulmonary Stenosis with Incomplete Ventricular Septum.

Dr. W. Essex Wynter, in the Proceedings of the Royal Society of Medicine, reports the case of a man aged 26, who suffered from pains in both elbows and knees at the end of September, 1913, this being the only occasion on which he could recall anything of the nature of a rheumatic attack. On account of the loud cardiac murmur he was kept in bed for several weeks, and finally sent to the hospital. The apex beat was just within the nipple line, and pulsation, with dullness on percussion, extended one inch to the right of the sternum. A loud systolic murmur could be heard over the precordia, the point of maximum intensity being in the fourth space near the sternum. It was so loud that it could be heard for some distance radiating from this point, but was the best conducted toward the left clavicle in the course of the pulmonary artery. It was inaudible in the carotids and posteriorly. The second sounds were distinct, but not increased, and there was no diastolic murmur. The pulse was normal in character, neither small nor collapsing, and regular. Blood-pressure, 170 mm. of mercury. There was no enlargement of the liver, no edema, nor any cyanosis, except during rare attacks of cardiac disturbance, and there was no clubbing of the digits. The patient had always suffered from shortness of breath on exertion; was never able to play games, and could not perform any arduous work. Blood count: Red cells, 6,512,000; white cells, 6,400; hemoglobin, 100 per cent.; index, .08. The X-ray screen disclosed an enlargement of the right ventricle and a limited bulging of the conus arteriosus to the left.—Proceedings of the Royal Society of Medicine.

Amoebic Dysentery of 3½ Years Duration, Cured.

Dr. F. L. De Vertenil, Edinburgh, reported this case in the London Lancet.

The patient, a Frenchman, aged 44, first came to consult me on May 5th, 1913. He gave the following history. In October, 1909, he left France for Panama, where he was to represent an important French firm. Previous to this he had always enjoyed excellent health, and was strong, powerfully built man. Two months after his arrival in Panama he suffered from a sharp attack of dysentery with passage of mucus and bloody stools. From January 1st, to April, 1910, he was constantly ill, suffering from fever and diarrhoea.

In April, 1913, the patient arrived in Vancouver. Shortly after his arrival here he had a subacute attack, and it was for this he came to consult me. He had an urgent and constant desire to go to stool; he was passing from twenty to thirty stools daily, the majority of which consisted of only a little mucus and blood, accompanied by a good deal of griping and tenesmus. There were pain and tenderness over the region of colon. He had a slight evening rise of temperature. He also suffered from external haemorrhoids, which had apparently been caused by the constant straining at stool. The patient appeared a complete nervous and physical wreck; he was thin and emaciated, with a muddy, icteric looking complexion, prominent cheek bones with sunken eyeballs. Late in the evening of May 10th the patient received his first injection, consisting of 1-3 gr. of emetine hydrochloride dissolved in saline solution and enclosed in a glass ampoule (Burroughs and Wellcome). On the following day at noon he received a second injection. During the night of the 11th he had no call to stool; previously he had to get up seven or eight times during the night. On the 12th, 36 hours after the first injection, he received a third injection, and from that date there was a complete disappearance of all dysenteric symptoms. That day he had one stool, which was quite normal in appearance. He subsequently received seven more injections as a matter of precaution. During the time he was receiving the emetine injections no other drug or treatment was used. The injection of the drug did not cause the slightest unpleasant sign or symptom.

Multiple Subcutaneous Cysts in the Arms.

Dr. E. Cautley, in the Proceedings of the Royal Society of Medicine, reports a case of a male aged seven months who was the sixth of the family, only one being dead. He had fits at intervals from the age of four days to eight weeks, and again last December. Apart from this he was reasonably healthy, though somewhat rachitic and ill nourished. "Lumps" were said to have been present at birth on the left and right arms and two on the back. They were described as having been purple and hard, and as having been called abscesses. They were also said to have gotten smaller. No new ones had appeared and none had been noted in the other children. There were sevral nodules, varying in size from a millet-seed to a pea, in the left arm, mainly from the shoulder to the elbow. The skin seemed adherent to the larger ones, but the others were subcutaneous. Two minute ones were present at the bend of the right elbow; on removal these were found to contain clear fluid. The two said to have been present on the back disappeared.

Resection of Pharynx for Carcinoma.

Dr. E. B. Waggett, in the Proceedings of the Royal Society of Medicine, reports a case of a woman aged 47. Operation in February, 1913. The flap was cut with the intention of removing the larynx with the pharynx, consequently no skin was available for a plastic operation. The whole of the hypopharynx was removed with the exception of a strip of the right lateral wall ½ in. broad. The case illustrates the spontaneous adaptability of the parts, the absence of cicatricial stricture, and the functional recovery of the left arytenoideus posticus muscle.

Dr. Waggett also reported a case of Resection of the Larynx and Pharynx as follows:

A man aged 65 years in whom there was an extensive carcinamo of the pharynx, laryngeal vestibule and tongue, commencing in the left pyriform fossa. Palliative measures were dictated by dyspnea and very severe dysphagia. At the patient's request a radical operation was performed in November. A strip of the right pharyngeal wall ½ inch broad, was retained. The case illustrates the spontaneous adaptability of the parts still in process of healing. Facial palsy was produced by a very extensive gland operation with resection of the sternomastoid.

Carcinoma of the Soft Palate.

Dr. W. G. Howarth, in the Proceedings of the Royal Society of Medicine, London, reports the case of a patient who ten weeks ago noticed a lump at the angle of the jaw, on the left side. It was not painful, but as it increased in size the patient came to the hospital for advice. He had not noticed anything wrong with the mouth or throat. A large mass of glands infiltrating the left sternomastoid was removed. During the last few days considerable discomfort had been experienced on swallowing.

Cancer of the Rectum in an Adolescent.

A case of this very rare occurrence was recently reported to the Verein fur wissenschaftliche Heilkunde zu Konigsberg by Carl (Berliner klinische Wochenschrift, 1914, No. 12). The patient, a Russian youth of 17, had complained of rectal trouble for a year or more. There were difficult and painful evacuations, and eventually passage of pus and blood. Full examination under narcosic gave the impression of local tuberculosis. Only a diagnostic excision showed the cancerous nature of the mass, which involved the entire circumference of the gut above the anus. A final diagnosis was made of colloid cancer. As the growth was inoperable an artificial anus was established.

Treat of Acute Osteomyelitis of Long Bones.

Reported by Dr. F. G. Dyas, Chicago, in the A. M. A. Journal, April 18, 1914.

Patient.—J. M., aged 42, machinist, in Feb-

ruary, 1913, complained of an ache in right forearm extending from elbow to wrist. Patient consulted physician, who treated him for chronic rheumatism. The forearm began to swell and the patient was referred to a surgeon, who made an incision over the ulma for about three-fourths of its length. Nothing was done to the bone. The swelling was enormous and the pain intense. The patient was told that nothing more could be done for him, and he applied for admission at Cook County Hospital. His temperature was 101°, pulse 120, leukocyte count 20,000. Roentgen ray showed entire destruction of the upper end of bone, including the olecranon process, together with involvement of the entire shaft of the bone. Quantities of thick, yellow pus were discharged from three sinuses leading down to the bone. Amputation seemed inevitable. As it were the patient's right arm, however, an attempt was made to remove the necrotic and diseased tissue. With ether anesthesia the ulna was exposed throughout its whole extent. The soft tissues were retracted and the olecranon process and upper end of bone entirely removed subperiosteally. The remainder of the shaft was drilled out with a small dental burr, the larger ones not having been made at that time. All necrotic tissue was removed and a smooth, clean, hard bed of bone remained. This was filled with bone wax and the soft tissues sutured without drain.

The man now has good extension of his forearm, in spite of absence of the olecranon process, and a strong grip in his hand and is able to work.

Implantation of Joints.

Dr. Leo Eloesser, San Francisco, in the California State Journal of Medicine, December, 1913, after referring to the work of Lexer, Kuttner and Goebell, who have successfully transplanted joints from the cadaver or from amputated limbs to living human patients, reports two cases that he himself has operated upon. His first patient was a man who had a useless foot as the result of a crushing injury. Eloesser secured from a cadaver, 12 hours dead, an ankle joint including the astragalus and about three inches of the tibia and the fibula. He placed it in Ringer's solution and kept it on ice. A Wassermann test was made from some of the blood of the cadaver and a culture in broth of the bone marrow. Both were negative. The anklylosed ankle of the patient was then resected. The cadaveric joint was found to be much too large and required to be cut down. It was dropped on the floor while being handled and was then held in an alcohol flame to be sterilized. A space was gauged out of the oscalcis of the patient to receive the graft. The wound suppurated, the patient suffered pain in the sole of his foot and although the new joint was still movable the limb was amputated seven weeks after the implantation. The graft was found to be firmly united to the tibia and the fibula.

In the second case an ankylosed phalangometatarsal joint was resected and one from a cadaver implanted in its place. The result has been successful, as the graft became firmly united in its position——

Gunshot Wound and Rupture of the Uterus.

Dr. L. Davis, Boston, in The Journal A. M. A., July 18, 1914, reports a case in an Italian woman who had received the charge of a shotgun at close range about thirty-five minutes before her reception at the hospital. The wound was very irregular in outline, with much laceration and shredding of tissue. Its longest diameter was transverse and it was large enough to admit the two fists. Protruding from it were two or three coils of the small intestine, approximately 3 or 4 feet in length, and a portion of the bowel lay on the table when the patient was first seen. No powder burns or wounds of exit could be found. Operation under ether anesthesia was immediate, and there were about forty perforations of the bowel which were enfolded with silk purse-string sutures,) sometimes several together. Examination showed an enlarged uterus with a rent in the anterior wall about 4 inches long and a protruding umbilical cord led to a fetus estimated at four months lying loose in the abdominal cavity. The placenta was removed from the uterus manually and the uterine wall closed with No. 2 chronic catgut sutures. The abdominal cavity was washed out with saline solution, the lacerated tissues clipped away and the fascia, muscle and peritoneum sewed up with No. 2 chromic catgut. The skin was loosely approximated with silkworm gut, with two cigaret drains to the subcutaneous tissue. The patient stood the operation surprisingly well and had an uninterrupted convalescence. An interesting point in the case was that while the abdominal wound was transverse the uterine rupture was lengthwise, and no marks of shot wounds were found on the fetus. It would seem that the rupture was the result of a bursting strain, rather than of perforation by the shot. The withstanding of a very considerable loss of blood without shock is accounted for by the pregnant condition of the patient.

Abstracts from Medical Journals.

Radium Treatment of Cutaneous Epitheliomas by Single or Massive Doses.

Dr. A. Schuyler Clark, New York, a member of the Middlesex County, N. J., Medical Society, in The Journal A. M. A., May 9, 1914, reviews literature on the subject of radium treatment on cutaneous epitheliomas by massive or single doses and reports twenty-two cases of his own. He is convinced that there are an infinitely smaller number of recurrences after the single or massive dose method. His exposure varied from twelve or fifteen to twenty-four hours, depending on the depth and nature of the lesion. He gave as long a single exposure as compatible with a return of the included healthy cells to normal, or, at least, a large part of them, this being of considerable importance from a cosmetic point of view. He thinks that radium is an efficient means to attack lesions and that the single or massive dose will prove to be the method of choice, as it is easier to estimate the single or massive dose because it is a stable remedy emitting a constant amount of rays, which is not the case with Roentgen rays, even with pastiles. Its ease of application, comparative painlessness, even in

the inflammatory stage, its harmless appearance and cosmetic results recommend it to the patient.

The Treatment of Syphilis with Salvarsan.

The Journal of the Royal Army Medical Corps for March, 1914, contains an article by Drs. Gibbard and Harrison, in which they reach the following conclusions:

1. They have obtained their best results with a course of two intravenous injections of 0.6 grm. salvarsan and nine intramuscular injections of mercury prolonged over nine or ten weeks, but the indications at present are that a course of three salvarsan and ten mercurial injections will be followed by still better results.

2. Under salvarsan treatment primary cases suffer so much less from relapse than secondary cases that it is worth every effort to insure that as many patients as possible are treated in the early primary stage.

3. Even if no improvement is made in the method of using salvarsan, which has given the best results in their hands, its routine use for the treatment of syphilis in the army is likely to effect an annual saving of 70,000 to 80,000 hospital days—an economy equivalent to the cost of keeping a battalion of infantry in hospital for three months.

4. Salvarsan is a sufficiently safe remedy to justify its routine use for the treatment of syphilis in the army, but it must be entrusted only to those who are thoroughly acquainted with its indications and contraindications and the technique of its administration.

Artificial Pneumothorax in the Treatment of Pulmonary Hemorrhage.

Dr. Gray in the Chicago Medical Record, gives the following as his conclusions in a paper on the above subject.

1. Lung compression is indicated in severe pulmonary hemorrhage cases.

2. It should be made, in severe hemorrhage, as soon as possible, to forestall the always fatal bronchopneumonia.

3. It is of no avail once bronchopneumonia has become established.

4. The lung should be kept in compression for at least four months.

5. And lastly, aside from the value of compression of the lung as a hemorrhagic agent, one cannot underestimate the influence of prolonged rest on the tuberculous process.

The Influence of Adrenalin and Respiration.

Drs. Nice, Rock and Courtright report the results of their studies in the American Journal of Physiology, as follows:

1. The effect of adrenalin on respiration occurs synchronously with that on the circulatory system.

2. Doses of adrenalin which cause a fall in blood pressure elict an increase in the depth of respiration. This increase may or may not be preceded by a shallowness.

3. Within limits, doses of adrenalin which produce a rise in blood-pressure cause an increase in the depth of respiration. This increase, again, may or may not be preceded by a shallowness. The increase is proportional to the rise in blood-pressure and to the amount of adrenalin given.

4. Excessive doses, as Oliver and Schafer and others have shown, produce a marked shallowness in breathing. Within limits the shallowness is proportional to the effect on blood-pressure and to the amount of adrenalin given.

Near-Sightedness in Schoolchildren.

Dr. Bogdan, in his account of the examination of two hundred text-books from a sanitary point of view, draws particular attention to the fact, already established by many prominent investigators, that near-sightedness in children either originates or develops in connection with the schoolroom. The chief cause is the too prolonged reading, writing and drawing in which visual accommodation, as well as convergence, is greatly fatigued. Undue strain of the muscles of accommodation causes an active hyperemia; the venous circulation is hindered, there is an increase in the intra-ocular pressure and the sclerotic is gradually stretched. Too strong convergence works even greater harm. It is, of course, understood that in some children near-sightedness is hereditary, and as a result, they become affected more quickly than their healthier comrades. In addition, near-sightedness may be the result of insufficient light and improper equipment in desks and other school furniture.

Dr. Bogdan insists that the paper used in the text-books should not have a glossy surface. Under artificial light a glossy surface causes improper focusing of the eye and necessitates frequent changes in the position of the book as well as of the head. The paper should be thick enough to prevent the printing on one page from penetrating to another. A few authorities have recommended yellow paper, but the majority favor white paper, which gives a better contrast between the printed matter and the background.

Hyperphoria.

Speaking of hyperphoria, in the Annals of Ophthalmology, Dr. W. Reber comes to the following conclusion:

1. Hyperphoria is likely to be latent before the thirtieth year, and manifest after that time.

2. It occurs most frequently to the extent of about one degree.

3. The usual symptoms are supraorbital transient vertigo, drowsiness, irritable eyes and abnormal physical fatigue after prolonged near work.

4. A full quota of sleep, daily open-air exercise and a well-regulated life, are all highly important factors in the management of these cases.

5. Convergence repression, if convergence is excessive, and convergence training (if convergence be defective) often relieve hyperphoric symptoms entirely.

6. In properly selected cases, the vertical prism has a field of pronounced usefullness.

7. If used conservatively, prism corrections ought to be of service in 75 per cent. of all cases.

8. Tenotomy should be absolutely the last resort. If cases are properly studied and treated, not more than 2 per cent. to 4 per cent. of all cases should come to operation.

9. No problem is worthy of deeper study.

County Medical Societies' Reports

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The semi-annual meeting of the Cumberland County Medical Society was held July 7th at the Hotel Maretti, Vineland, N. J. Delegates were present from the Gloucester County Medical Society.

Dr. Samuel D. Ingham, Professor of Neurology, Temple Medical College, gave a most interesting address on "Psycotherapy as Applied to the Practice of Medicine." He spoke of the term psycotherapy as applied to the use of the mind as an adjuvant in healing bodily ailments. He showed the effects of the emotions on heart, stomach and nervous diseases. The heart stops or increases its beat, the stomach stops digestion from grief or facilitates it from joy or pleasant surroundings. Positive changes have been overcome by power of will. A woman who had been in bed a long time suffering with nerve degeneration of one limb arose during a fire and carried the furniture from the room without experiencing the usual pain.

A careful study of the diseased condition and mental processes of the individual are essential to affecting a cure. Various aids should be employed to assist the person over the weak places. Confidence in the physician, or in God should be cultivated.

The Rev. D. E. Lewis addressed the meeting on his experience with the various faith healing cults. He analyzed them and pointed out their various points of weakness, and the strong ones leading to successful healing. He showed that the doctor shall avail himself of all means for healing the sick. Many patients are helped by feeling that their doctor is a believer in God as his helper. In this respect the doctor should be in close relations with God.

A committee was appointed to arrange for a social meeting, at which the doctor's wives or immediate friends should be present.

A most bounteous repast was served and hugely enjoyed by all present.

The next meeting will be January 5, 1914, at the City Hotel, Bridgeton, N. J.

An account of the social meeting referred to above and which was held in August was received too late for insertion this month. It was sent to Orange instead of New Brunswick. See Dr. Gray's reference to it in the editorial columns.—Editor.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The month of August is the most barren of the year in activities of medical organizations, even such items of public interest as occur in private practice being not frequent or unobtainable, as many are absent on vacations and, moreover, perhaps, the time necessary to give to reading the newspapers for their war bulletins leaves for medical reading just now less interest than usual.

The conditions regarding typhoid in Newark are very satisfactory, the epidemic in St. Mary's Orphan Asylum having been strictly limited to that institution and the number of cases throughout the city being less even than usual; the number is less than one-half or one-third of that for a corresponding period in each of the last five years and the daily average for August just one tenth of that for the preceding month, which included the epidemic case above mentioned.

MIDDLESEX COUNTY.

F. M. Hoffman, M. D., Secretary pro tem.

The Middlesex County Medical Society held an adjourned meeting August 22, 1914, at the farm of its president Dr. Frank C. Henry, of Perth Amboy, at Holmdel, N. J.

The meeting was called to order by the president at 3 o'clock P. M. Dr. F. M. Hoffman was elected secretary pro tem in the absence of Dr. F. L. Brown. The following members were present: Drs. Henry Sullivan, Riva, Spencer, Smith, MacDowall, English, Donohue, Carroll, Meinzer, Lund, Fithian, Hay, Schull, Woods, Tyrrell and Hoffman.

Dr. Spencer, of Woodbridge, brought up for discussion a case of diabetic gangrene. In the discussion Dr. Fithian said that in his experience he found diabeties stood operation and anesthesia badly. Dr. Donohue, of New Brunswick, said that in operating in cases of gangrene of the foot, amputation should be done above the knee and reported two cases.

Dr. Smith, of New Brunswick, said that most of his cases had been rapidly progressive and he had not felt that in such cases he could do operation with success, he reported cases where he had successfully operated.

Dr. Donohue next reported two cases of duodenal ulcer, of which we give brief outline.

Case 1. Man 40 years of age taken suddenly ill with severe pain in abdomen, pain referred to umbilicus; no history of dyspepsia; abdomen very hard; pulse normal; temperature normal. On operating he found abdomen filled with bile-stained fluid, noticed the escape of gas. The appendix only slightly diseased; it was removed; the wound was enlarged and a perforation was found in duodenum. This was closed with purse-string suture, two cigarette drains were inverted and the abdomen closed. The patient made a rapid recovery.

Case II. A colored man, tatken suddenly with severe pain at night; temperature and pulse were normal; no vomiting; abdomen hard-board-like. On operating he found a slight congestion and thickening. He enlarged the incision when a perforation was found in the duodenum. This was closed with purse-tring suture and two cigarette drains were inserted and the wound closed. This patient made a prompt recovery.

The cases reported were fully discussed by all the doctors present.

Dr. Henry cited statistics, some given by foreign surgeons which showed that 40 per cent. of appendices removed contained the oxyuris vermicularis, some cases in large numbers.

Dr. F. M. Donohue extended an invitation to the Society to hold its next meeting, in October, at his farm at Cedarcrest. The invitation was received with thanks.

Dr. James E. Dunn, of Franklin Park, was nominated for membership, to be acted on at the next meeting.

The Society then adjourned and partook of the feast provided, for which the Society extended to host and hostess a hearty vote of thanks.

Dr. Henry was a New Brunswick boy, now practicing at Perth Amboy. He has a farm of 100 acres near Holmdel, where he spends his summer nights and Sundays. The residence there is a quaint old house, about 150 years old, kept wisely in its old form, but repaired and made most comfortable. Much of the land is under cultivation and supplied a royal dinner for the doctors under the direction of the doctor's good wife.—Editor.

Reports of Other Medical Organizations

CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA.

The fifth annual session of this Congress convened in London, England, during the week beginning July 27, 1914, and was one of the best of the series.

The London Committee was composed of many notable surgeons, with Sir Rickman J. Godlee as honorary chairman. The capacious Hotels Cecil and Savoy, located in the hospital centre of London, accommodating over 1,500 guests, were the headquarters. The program was so extensive that we can give only the outline of the evening scientific programs, as follows:

Presidential Meeting, Monday, July 27th, in the Grand Hall, Hotel Cecil. Address of welcome by Sir R. J. Godlee; welcome to American surgeons by Hon. W. H. Page, American Ambassador; address of retiring President Dr. George E. Brewer, New York City; inauguration of President John B. Murphy, M. D., and Vice-President Armstrong; Prof. A. von Eiselberg, Vienna, on "The Choice of the Operative Method for Ulcer of the Stomach," with discussion; presidential address of Dr. J. B. Murphy, Chicago, on "Arthrodesis and Bone Transplantation; Its Limitations and Technique."

Tuesday evening, 28th, same hall: Henry Jellett, F. R. C. P. Dublin, on "The Use of the Levator-Ani Muscle and the Utero-Sacral Ligament in Prolapse Treatment"; E. Wyllys Andrews, M. D., Chicago, on "Cure of Hernia by Tissue Inlaying or Fascial Implantation;" Robert Jones, F. R. C. S., Liverpool, on "Certain Derangements of the Knee-joint and Their Treatment."

Wednesday, July 29th, same hall: George E. Armstrong, M. D., Montreal, on "Typhoid Perforation"; Charles H. Mayo, M. D., Rochester, on "Primary and Late Results of Operations for Exophthalmic Goiter, or Hyperthyroidism."

Thursday, July 30th, same hall: Prof. Doctor Kronig, Frieburg, Germany, on "The Principles of Non-Operative Treatment of Carcinoma"; James F. Percy, M. D., Galesburg, Illinois, on "The Treatment of Inseparable Carcinoma of the Uterus by the Application of Heat"; Thomas Wilson, F. R. C. S., Birmingham, on "Radical Operative Treatment of Cancer of the Uterus."

Friday, July 31st, same hall: Professor Tuffier, Paris, on "Transplantation of Ovaries"; Sir William Osler, Bart., Oxford, on "Intestinal Stasis"; Sir Berkeley Moynihan, Leeds, on "Intestinal Stasis"; Joseph C. Bloodgood, M. D., Baltimore, on "Surgery of Intestinal Stasis."

On the evenings of the 28th, 29th, 30th and 31st there were meetings of the Division of Surgical Specialties, held in the ballroom of the Hotel Savoy.

Tuesday: Prof. Schmiegelow, Copenhagen, on "The Results of Operations for Intrinsic Cancer of the Larynx"; Dr. J. M. West, Berlin, on "The Intranasal Surgery of the Lachrymal Apparatus, after an Experience with over 225 Operations."

Wednesday: Dr. A. Logan Turner, Edinburgh, on "The Application of Skiagraphy to the Mastoid Region and Its Use in the Detection of Disease."

Thursday: Symposium on Surgery of the Cleft Palate, by R. W. Murray, F. R. C. S., Liverpool; W. W. Goyder, F. R. C. S., Bradford; Johan Ulrich, Copenhagen; T. W. Brophy, M. D., Chicago; G. V. I. Brown, M. D., Milwaukee; J. R. Eastman, M. D., Indianapolis, and Dr. Ernst Kaerger, Berlin.

Friday: R. H. Elliott, Lt. Col., I. M. S., Madras, India, on "The Sclero-Corneal Trephining Operation for Glaucoma"; F. Richardson Cross, Bristol, on "Operative Procedure for Strabismus"; Dr. John B. Story, Dublin, on "The Operation for Senile Cataract."

The papers were fully discussed by eminent American and foreign surgeons.

Each day there were, at the various hospitals, surgical clinics, gynecological clinics, genito-urinary clinics, orthopedic clinics, opthalmological clinics, otological laryngological and rhinological clinics and also special demonstrations each day, including Saturday, August 1st. The programs for these clinics were exceedingly attractive, including most of the eminent London surgeons, who performed important operations. Most of the steamers leaving New York for England offered a discount of 25 per cent. off regular rates to physicians attending this Congress.

National Council for Combating Venereal Diseases.

It has been decided to form a national Council for Combating Venereal Diseases in England. A number of private conferences have recently been held at which the question of forming such a body has been discussed. Sir Thomas Barlow presided, and among those who have taken part are Sir Rickman Godlee, Sir Francis Champneys, Sir Clifford Allbutt, Sir William Osler, Sir Henry Morris, Sir A. Pearce Gould, the Bishop of Southward, and Major Leonard Darwin. The council will be composed of representatives of the medical profession and the general public. The decision now come to is the outcome of the efforts spread over two years by a committee appointed by the Royal Society of Medicine and the Eugenics Education Society. Among its recommendations was one suggesting that popular education was one of the most necessary steps and probably the most effective for combating the ravages of venereal disease. The immediate provision of proper facilities for treatment was also strongly urged. The submission of this report was followed by the appointment of a further special committee, which discussed the procedure to be adopted to carry out the recommendations. The next development was the appointment of the royal commission.

Miscellaneous Items.

Antivivisectionist Mercy.

The counterpane that covers motherhood
Too often still become a shroud entwined:
"Let not this sacred act demand our blood
But spare the dog and all his sacred kind."

Our little children fall a hideous prey
To childhood's scourge, and broken, bent, they lie:
"Blot out this epidemic from the day,
But spare the monkey and the stable fly."

The White Plague stalks abroad with poisoned breath
And leaves men prostrate like a broken twig:
"Oh! spare us from this poignant, living death,
But do not touch the precious guineapig."

From overseas the pest comes like a ghost,
And settles grinning on our household mats:
"Oh! save us from this devastating host,
But spare the poor mosquitoes and the rats."

A growth malign, with tentacles a score,
The fairest and most useful friends will claim:
"Oh! let us suffer from this scourge no more,
But spare the mouse, we ask, in Mercy's name."

—Samuel M. Brickner, M. D.,
in New York Times.

Propaganda in the Public Schools Against Medical Frauds.

A unique method of propaganda against patent medicines and medical frauds has been inaugurated in the high schools at La Fayette, Ind. An effort is being made to inform the pupils, and through them the families from which they come, regarding various medical frauds. The plan was originated by Professor Pierson of the department of physiology. Pupils were requested to bring to school all newspaper advertisements of patent medicines and "quack" doctors. The iniquity of this form of advertising and the absurdity of the claims of the patent-medicine men and the "quack" doctors were explained to them. Great enthusiasm was shown and literature concerning the subject was gathered by the students in physicians' offices and elsewhere. Special attention was drawn to the dangers of medicines containing habit-forming drugs. This novel method should be highly effective in teaching the public the evils of patent medicine and quackery.—Correspondence, Indiana State Med. Jour.

Newspapers Refuting Quack Advertisements.

The prevention of medical advertising quackery, so strenuously advocated by the A. M. A., is gradually assuming a definite place in the municipal affairs of all our large cities. The Chicago Tribune was one of the first to take up the fight against advertising quackery, and this was soon followed by a similar sampaign on the part of the Post in St. Louis. Quite recently there is evidence to the effect that some of the large newspapers in eastern cities, notably New York, will follow suit. Added to this is the declaration of the Postmaster General that a relentless war will be waged against medical frauds by the Postoffice Department. The credit for this awakening goes to the American Medical Association, where it rightfully belongs.

After the Quacks.—The Rocky Mountain News is conducting a campaign against the quacks that infest Denver. It not only refuses their advertisements, but has been investigating their methods of doing business. As a counter proposition the quacks, it is stated, have been attempting to secure information on which to base charges of irregular practice against the members of the State Board of Medical Examiners. The plan was to hire a detective to go to the physicians of the State board soliciting treatment for diseases which he did not have. It is believed the publicity will act disastrously on the fraudulent business of the quacks. It is believed there is still room for improvement in the advertising matter carried by the News. The Denver Express has also announced its purpose to refuse medical advertisements of all kinds at the expiration of present contracts.

Medical Contract Practice.

Dr. S. A. Tanenbaum, in the N. Y. Med. Jour., Mar. 14, expresses his belief that the measures we should direct our efforts in combating the evils results from cheap contract practice are: Publicity, unionization of physicians, correction of abuse of charities, the secret division of fees should be made a misdemeanor punishable by fine and (or) temporary suspension from the practice of medicine. The attending physician should be entitled to extra compensation for engaging in a consultation or co-operating with a surgeon. Consultant's fees should be fixed and easily ascertainable. Physicians of moderate means should consult more with one another instead of calling in the physician of the plutocracy.

Every physician should be permitted to advertise his specialty on his sign and on his stationery and to publish his card in a newspaper. This would make the specialist independent of commission-seeking confreres. Hospitals, like dispensaries, should be public institutions, and any properly qualified physician should have the right to take a patient into a hospital and treat him there. The health of the community should be the business of the community. Physicians should be public servants just as policemen, firemen, letter-carriers, street-cleaners, judges and school teachers are.

Clean Medical Journals.

Concerning the matter of clean medical journals, we are reminded that we shall continue to have medical journals that are a disgrace to the profession just as long as leaders in the profession fail to discriminate in the character of journals to which they contribute It is very evident that some of our erstwhile leaders know as well as anyone the disreputable character of some of the medical periodicals to which they contribute, but, as one of our exchanges says, "Most great men are unable to restrain their appetites for journalistic publicity." We condemn the average newspaper editor for his lack of business conscience in accepting advertising of patent medicine manufacturers and quack

doctors, yet they are not one whit worse than the medical editor who accepts the rotten advertising which we see in many of the journals that come to our desks. The lay editor will not discontinue the practice of accepting objectionable advertising until he is forced to do so by public opinion, and many a medical editor will not discontinue objectionable advertising until he is forced to do so by an overwhelming sentiment in the medical profession. Subscribers can bring about reform, and a surer way is for all writers to refuse to contribute to journals of unsavory reputation. But, as we have often remarked, why should it be necessary to force an editor to be honest with himself and honest with his readers?—Indiana Medical Journal.

Poetical Tribute to Medical Heroes.

Judge Malone of the U. S. Court of Tennessee, recently paid the following gracefully phrased tribute to medical men, in connection with their Panama sanitary work.

That nation can not stray afar that keeps
Ever before its mind the simple worth
And courage unadorned of those plain men
Who freed this land from pestilence—those men
Of unromantic lives, in days of prose,
Who yet braved death, giving themselves to stings
Of poisonous insect pests that bore the seeds
Of the foul plague. Not pompously they went
Into the jaws of Pestilence, and yet
How glorious was their battle! Overthrown,
The enemy they met shall nevermore
Reap his dread harvest. And these heroes died.
Or, hovering near the iron-gated tomb,
Were snatched from death by heaven. Their names obscure
No poet sings, no magic legendry
Is woven round their story. In their lives
No bugle urged them on, no banner streamed,
No high-born lady from her castle-tower
Waved them adieu. Above those who are gone,
No marble cenotaph, no eulogy
From lips of oratory, and no shout
From fervent multitudes uplifts in praise.
Yet never rode a knight through Arthur's realm,
Seeking the Holy Grail, that wore a plume
Whiter than their devotion: never a king
Taking his throne on coronation morn
Wore ermine that was purer!

How to Make the Most of Vacations.

Dr. M. Bockhorn, in Therapre der Gegenwart, Berlin, urges physicians to realize better the opportunities afforded by the vacations of the families in their charge, to enable the "resorters" to utilize to the full this welcome change. The physician may deem it best for the children to be separated from the parents for a time, or for one child to be separated from the rest. Children who are nervous, those who stutter, and both children and adults who have bad breathing habits, can be trained in better habits during the vacation.

Children are usually such imitators that even a brief course of training may do wonders. Bockhorn practices in a seaside resort and for the last four years has given summer courses out on the dunes in correct speaking and breathing and the use of the voice in general. It is remarkable, he observes, that so many persons who have to use their vocal organs a great deal never give a thought to perfecting the technic of its use. By his courses he has enabled some to resume their teaching or other career which they had had to give up on account of their voice failing, or asthma or other disturbance.

Of the value of the sphygomomamometer Dr. Cabot said:—"If I were allowed to have only two instruments of precision for my aid in physical diagnosis, they would be the stethoscope and the blood pressure machine.

"I have been saved from wrong diagnosis and put on the track of right ones more often by that machine than any thing else I know of except the stethoscope. And I am speaking now, as I spoke all along, by the check of the autopsy. I regard the measurement of blood-pressure as the most important of all the resources that have been added to our armamentarium as physicians, in the last fiftenn years."

Lawyers Want to Be Sure of Fees.

Security for lawyers in the matter of their compensations in cases where the litigants settle cases without having the attorney to arrange the settlement, is provided in a bill which passed the House in 1913 by a 41-12 vote. The bill was advocated by Assemblyman Pancoast, of Camden, as well as different lawyers in the House.

"Medical Judges" Bill.

A bill recently introduced into the New York State Legislature provides that there shall be at least one medical judge in each county, three on the Court of Appeals, and three on each Appellate Division of the Supreme Court, who shall sit when any medical evidence is to be offered. Under the bill the judges would be appointed for five-year terms at $7,200 a year with an additional allowance of $2,500 for expenses. They would sit when any evidence as to sanity was to be given, and would advise the court and instruct the jury as to the correctness of statements and conclusions of medical witnesses.

Value of an Eye.

Damages to the amount of $8,500 were awarded by a jury in Philadelphia recently to a boy and his father for the loss of the boy's left eye. The suit was brought against the company operating a large iron foundry in Coatesville, Pa., where an explosion of dynamite destroyed the sight of the eye.

What Is Insanity?

What is vaguely called insanity—a term which physicians would gladly leave to the lawyer if he can use it—is really a wide range of greatly differing conditions and diseases all playing havoc with our organ of functions of conduct and behavior. Many too long neglected lines of research enter into it.—Adolph Meyer.

University of Pennsylvania to Admit Women.—It is reported that the trustees of the University of Pennsylvania has voted to admit women to the medical college of the university, beginning in the fall of 1914.

THE JOURNAL
OF THE
Medical Society of New Jersey

SEPTEMBER, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

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William J. Chandler, M. D., South Orange, N. J.

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PRESIDENT GRAY VISITS COUNTY SOCIETIES.

The president of the State Medical Society was given the opportunity to inaugurate his plan of County Society visitations through an invitation to attend a meeting of the Cumberland County Medical Society on August 25th, at Millville.

A pleasant feature of the meeting was the interjection of a social feature in the way of an outing in the afternoon, at Union Lake Park, a goodly number of ladies adding much to the enjoyment of the occasion.

A dinner was served at the park at 4:30 P. M., at the close of which the State president addressed the assembly along the lines of the good and welfare of the County and State Societies, and he was followed by some felicitous as well as practical remarks from Dr. James Hunter, Jr., of Westville, Councilor of the Fifth District.

The success of this meeting augurs well for the plan which the president intends to carry out, of getting in personal touch with the members of the various County Societies on their home soil, at least once during his incumbency.

It was regretted by all that the State secretary, Dr. T. N. Gray, of East Orange, could not be present as he had intended.

Especial credit for the success of the occasion is due to the efforts of Dr. Leslie W. Cornwell of Bridgeton, president of the Cumberland County Medical Society, and Dr. H. Garrett Miller, of Millville, secretary; as well as Dr. James Hunter, Jr., Councilor. F. D. Gray.

CHOICE OF A MEDICAL SCHOOL.

The Journal of the A. M. A., of August 22, was called the Educational Number and has an excellent editorial in it on the "Choice of a Medical School." We call the attention of our members to the subject because their advice is often sought by prospective medical students. At the present time many such students are deciding as to the college they will enter.

The editorial wisely states that the choice of a medical school was never more important than now as modern medicine is based on scientific knowledge, without which knowledge the physician of the future will be a failure. To secure such knowledge, a better preliminary education than formerly is needed and is being demanded by the profession and by our medical colleges. The young man thus prepared to enter upon the study of medicine will be likely to realize that the knowledge he is seeking to thoroughly fit him for his life work can be best secured in a college which has a corps of expert salaried teachers, well equipped laboratories and an abundance of dispensary and hospital facilities.

Attention is called to the importance of the student's acquainting himself with the requirements of the various State licensing boards which are being made more exacting from time to time, especially should he ascertain the character of the medical school itself, for many of the State boards refuse to recognize several of the so-called acceptable colleges. The editorial warns against accepting the glowing if not misleading statements which inferior medical colleges send out, as several schools are being extensively advertised even though their diplomas are not recognized in from 25 to 30 States.

The matter of expense is then referred to and it is shown that it is very poor economy to enter a low-grade medical college because the fees are a little lower; that the better schools spend on each student several times the amount that the student pays in tuition; that if he is required to work his way through college the opportunities for doing so are, as a rule, greater in the better than in the lower-

grade college. The editor well says: "Generally, however, worthy students who are poor in purse, are not only the very ones who appreciate the value of money, but also the value of the medical course they are getting. Such students are seldom beguiled into a poor college by alluring and misleading advertisements."

The editorial closes with these most excellent remarks:

"The student must bear in mind that in his preliminary and medical training he is laying the foundation for the rest of his life. If a year or two more is needed to enter one of the better medical colleges, he may count it as time well spent, since he is all the more sure of having laid a solid foundation. The medical profession in this country is extremely over-crowded, but there is always room for physicians who are thoroughly competent. The opposite must not be forgotten; disappointed, indeed, will be that student who, because of alluring advertisements or because of lower entrance requirements, is induced to get his training in a poorly equipped college, and who finds after graduation that he is handicapped for life."

The members of our Society should study not only the editorials in the A. M. A. Journal, but also the extensive and important information contained in its issue of August 22, pages 657-687, as a careful consideration of the facts presented there will enable them to give judicious advice when consulted by young men as to the medical college they should enter, as well as to inform themselves as to the condition and needs of our medical colleges. Every physician should, for his own, for his profession's and humanity's sake, seek to raise the standard of medical education. The practice of medicine is not what it was a decade or two ago, it is emerging from the empirical to a more scientific era. The great advance in scientific research which is constantly increasing scientific knowledge requires that as far and as fully as possible the medical practitioners of the future shall be equipped as thoroughly as possible to meet the demands which will be made upon them with credit to themselves and to their profession which ever has been and will continue to be the greatest and most altruistic profession in its service to humanity.

Recognizing the fact that the majority of our readers do not subscribe for the A. M. A. Journal—and we are sorry for them that they do not—we give elsewhere some facts based on the data given in the August 22 number concerning our medical schools and their graduates.

GOOD AND TRUE MEN NEEDED IN THE LEGISLATURE.

We call special attention to the great need of selecting good men for our State Senate and Assembly this month—men who can not be bribed, bought or controlled by private interests or political bosses, men who will legislate, not in the interest of party or any clique, but solely for the highest and best interests of the State and all its citizens. We do not hesitate to say that its highest interests are those of health and morality. The great need in the furtherance of those interests will be best met by the selection of a few able physicians of good judgment who will intelligently, faithfully and zealously guard and promote these interests. *We do not want them there to advance the profession's interests, save as the laws enacted will make better physicians and so enable them the better to serve the State in the preservation and prolongation of the lives of its citizens.*

Dr. William E. Ramsay has faithfully served in the Senate and will continue to serve as Senator during the coming session. Dr. Thomas Barber, who has been equally faithful, should be re-elected this fall. We regret to hear that we shall lose one in the Assembly, as Dr. H. O. Carhart has declined to run this year, but there should be at least three or four able physicians in the Assembly. We believe the welfare of the State requires it for the reasons above stated.

We call attention to an excellent editorial on Medical Legislation from the New York State Medical Journal which will be found on a subsequent page.

RESEARCH IN MEDICAL MISSIONS.

Dr. Wellman, in the American Journal of Tropical Diseases, says that it is not generally known that extensive use is made of our knowledge of tropical diseases by the medical missions in various parts of the world. He says also that these missions accomplish some of the best research in these diseases, in addition to teaching and applying scientific medicine among people who would otherwise be debarred from its bene-

fits. In China it is said that there are over five hundred men and women engaged in the conduct of hospitals and dispensaries. The China Medical Mission Association meets triennially for the exchange of opinions and to make announcements of the results of research, and a bimonthly medical journal has been published for many years for the exchange of ideas in this field. A research committee has been formed and a large amount of valuable work has been done in the investigation of nematodes, trematodes, cestodes and the bacterial affections common to that part of the world, plague, cholera, typhus and other affections. Wellman says that more physicians and nurses are needed, and that to young men with the missionary spirit no more attractive field of endeavor could be found than that of China, Africa or India.

The large amount of matter contained in the Official Transactions of our last annual meeting has required so much of our space in this month's Journal that we have been compelled to postpone the insertion of many items that had been prepared.

We have had unusual difficulty in securing the return of proofs of original articles and discussions we had intended to insert in this month's Journal, as so many of the authors are on their vacations, some detained in Europe. Dr. Barker's Oration in Medicine has thus required delay in insertion till next month.

We are glad to add to our list of exchanges and this State Society Medical Journal that of the Florida Medical Association. Its first two numbers indicate that it will be a live, progressive Journal.

We also note that the American Journal of Surgery will begin with its October issue a 32-page supplement devoted exclusively to Anesthesia and Analgesia, with an able corps of editors. This supplement will be issued quarterly.

We take the following from the Georgia State Medical Journal and remind our readers that it applies with equal force to the members of our own Society:

"The more money The Journal of the Medical Association of Georgia makes out of its advertisements the less it costs the State Association to run the paper. This means that every member of the State Association has an interest in the advertising columns. If one business firm advertises and another does not, patronize the one that does. It is money in your pocket."

We are able to use this strong advice to patronize the business firm that advertises in our Journal in preference to other firms because of the fact that we accept only advertisements of reliable goods from reliable firms.

We are pleased to report that most of our members who spent their vacations abroad have safely returned, among them Dr. G. K. Dickinson of Jersey City. A statement by him on "The War; Its Cause and Effects, Present and Future," which was printed in the Jersey Journal, we have inserted on page 457.

CORRESPONDENCE.

Sanitarium or Sanatorium.

Dr. D. C. English, Editor,
New Brunswick, N. J.

Dear Dr. English:—I take it for granted that you are responsible for the editorial in the August Journal, headed "Sanitarium or Sanatorium." I believe we were one of the first to use the word "sanatorium" as applied to institutions for the care of the sick, and whoever wrote the editorial is absolutely correct. It is the stand and explanation I have taken for years. One might say that the "Sanitarium is place for well people to remain well, while Sanatorium is the place for sick people to be restored to health.

Very truly yours,
Eliot Gorton.

We are pleased to have Dr. Gorton's endorsement of our position. "Fair Okes" and the other excellent institutions that advertise in our Journal have always used the word Sanatorium. We were also pleased to receive a folder issued by the "Fair Oaks" Sanatorium entitled "A Condensed Table of Food Values," giving the weight and rough measure of a standard portion of 100 calories, with the relative number of calories in each portion in the form of proteid, fat and carbo-hydrate. It is a practical and valuable folder.—Editor.

When you see your sugeons putting all their strength against a strand of catgut in an attempt to tie it tightly, and then hear them quarrel at the hospital because the gut breaks, just remind them that the best surgical advice is that more sloughs and more stitch abscesses are made by cutting off the blood supply in the tight tying of sutures than in any other way. They know, or should know, that the best surgical experience teaches deftness in the gentle approximation of the lips of the wound, rather than tight tying and "puckering" of the line of suture. Catgut was never intended to test the strength of the surgeon, and the test of the virtue of catgut is not one of mere tensile strength.—Kansas Medical Society Journal.

Editorials from Medical Journals

A Few Remarks on Medical Legislation.
From The N. Y. State Journal of Medicine.

Medical legislation in this country has at all times engaged the attention of the most progressive and brilliant members of the profession. They have labored unceasingly year after year in the face of great discouragement to achieve their cherished object—the placing of American medicine in the exalted position it deserves. The success now crowning their efforts is due to their unfaltering tenacity of purpose.

Recapitulation of the long series of attempts to raise our profession from the low estate into which it had gradually fallen would require more space than we care to devote to its presentation at this time.*

*Medical Practice Laws. A review of certain phases of the legal regulation of medical practice. By Floyd M. Crandall, M. D., New York. Reprinted from the Medical Record, April 9, 1910.

Sixty-six Years of Medical Legislation. By Frederick R. Green, M. D., Secretary Council on Health and Public Instruction, American Medical Association.

As far back as 1776 the New Jersey State Medical Society ordained that no student be taken as an apprentice by any member of the society unless he had a competent knowledge of Latin and instruction in Greek. It is evident from this, that during the past century and up to a recent period retrogression rather than advancement has characterized medical education in this country.

During the early Colonial period many of the practitioners of medicine of native and foreign birth were graduates of European universities imbued with a spirit of pride at the high standard of the requirements of their respective schools.

We wish that they had at this formative period of our national history been endowed with a prophetic sense, that they could have seen the eventualities of the future, and by concerted efforts established a standard of requirements which would have prevented the birth of sectarianism and pseudo-medical cults which since have, like parasites, infested the body medical. We will not argue against the contention, that in a new country, with its inhabitants scattered over a wide area, the means of communication difficult, any form of medical education would have been acceptable in distant communities perforce of circumstances. Had some legal standing been established for registration of physicians, nonprohibitive in character against others, then as the country progressed in learning and culture, the legal qualified practioner wuld have been demanded in the metropolitan centers, and the unqualified forced to seek a livelihood in the sparsely populated sections of the country. It is only fair to assume as a corollary to advanced medical standards, there would have been organized boards of health, with power to establish and enforce laws safeguarding the public health.

The barriers which have obstructed beneficent medical legislation are—the apathy or active opposition of the very public it would help to protect; lack of concerted action and definite legislation; and the need of money to employ skilled legal talent in the preparation of the desired legislation, and to watch over its progress through the legislative halls. No matter how plainly the good intent of the bill or the benefit that would accrue therefrom is impressed upon the legislative committee to which it is referred, there will arise a horde of commercialists whose interests are assailed to refute its virtue and befog the issue. Therein lie the possibilities of dirty politics. We all know how the interest in medical legislation lies dormant in the public mind until threatened by an epidemic or until aroused by the clamor of some social organization of wealthy people exploiting some particular fad. These organizations are potent for great good and should be encouraged even though limited in their scope of activity. But when we attempt legislation of moment for the general good we are accused of tyranny, of seeking some ulterior benefit, or of just plain jealousy of religious or culturist impossibilities. The whole history of attempts at medical legislation by the profession is replete with listlessness, if not active opposition by the public. In passing it has been our impression for some time that in opposing the advance of the culturists we add undue importance to their existence; that if let alone time would be the sacrificial fire that would immolate them upon the altar of ignorance.

By concerted efforts and definite legislation —we mean that after being thoroughly discussed, proposed bill should be carefully prepared; that each member of the State Medical Society's Committee on Legislation should be conversant with all its details, in order to be able to explain to the legislative committee its full text, meaning and value, and to be present prepared at each hearing to meet the attack of the opposition. This is too much to expect from a committee, the members of which live at a distance from the capitol, and who are engaged in the active practice of their profession, without some compensation for loss of time and money. A suggestion worthy of consideration by the House of Delegates at our next annual meeting.

In this connection it is well to bear in mind that in the future our State Committee will be greatly assisted by the American Medical Association, which has established a central bureau, where all data pertaining to medical legislation throughout the country will be collected and arranged so that full information can be furnished to the committees of the constituent bodies, accompanied by competent legal advice.

This subject was suggested to us by the recent affirming of the convictton of a person named Cole (a follower of the late notorious Mrs. Eddy), who was prosecuted by the New York County Medical Society for illegally practicing medicine. The Appellatet Division of the Supreme Court held that the treatment given by him to the woman detective employed by the County Society was Practice of Medicine as defined by law, performed by him without the educational qualifications or the license which the statute requires. The court

eld that the infliction of the fine was proper. s this decision will render all other detected lealers amenable in like manner to the law, heir avocation in the future will be conduct- d under greater circumspection until some ubterfuge is found to defeat the legal re- triction. An uninterrupted pursuit of these ffenders should be now inaugurated by the ivic authorities and relieve the County Med- al Societies of a duty belonging to others.

Undying Faith in Medicine.

From Critic and Guide, June, 1914.

As an antidote to the prevailing therapeutic ihilism and to the blatant assertions of ignor- nt drugless healers, it is good once in a while o glance through the writings of our older olleagues. Their faith in medicine and drugs eems so firm, so positive, so unquestioning, hat one cannot help asking himself the ques- ion: What was it, were they simply unrea- oning gullible fools, did they always take a ost hoc for a propter hoc, or did they really et better results than the present-day physi- ian does? And if they did get better results, as it due to the fact that they observed more losely? Whatever the explanation may be, of heir robust faith in medicine there can be o question.

I have recently come across a small book ntitled "Rough Notes on Remedies," by Will- am Murray, M. D., F. R. C. P., Lond. The uthor certainly believes in medicines; and if nedicines do not do the work expected of them he fault is, he believes, the doctor's and not he drug's. After giving some examples of the dministration of drugs in unsuitable cases, he ays: "I cannot help thinking these misappli- ations of the right remedy for the disease in nsuitable cases is the secret source of that keptical attitude which many able men have ssumed towards the beneficial action of medi- ines." And he further says: "I, for my own art, have an undying, nay an increasing vital aith in the virtue of medicines, and I hope to ive to see the day when mankind at large will ccord of rational scientific medication the lace it undoubtedly deserves to hold in its steem."

A cerebral or intravenous injection of some f this faith would do some of our drug nihil- sts good.

The good old doctor also believes in combi- ations. In this respect he also is at variance vith our modern finicky physician who advo- ate the single drug only and ridicule combina- ions, dubbing them polypharmacy or shotgun rescriptions. Here is what Dr. Murray says n this subject:

"I believe in combinations; without them we annot put limitations to the action of our rugs, and we cannot guide them to the right pot. One medicine so to speak conditions an- ther, and some are complemental to each ther. Take digitalis as an example. Do we vish it to act upon a weak heart in an anemic ubject we combine it with iron. Do we wish t to act upon the heart when all the organs re engorged from regurgitation in a plethoric ubject, we give it combined with mercury nd purgatives; or, do we wish to relieve pul- monary congestion arising from the same ause, we combine it with ether and ammonia; r, do we wish it to act on a sluggish kidney, we add some suitable diuretic. We thus, as it were, condition and conduct our remedy to do its work in the right direction. To do other- wise would lead to serious mistakes, and might shake our faith in the power of this mighty drug."

"What is the name of this dangerous mi- crobe that is transmitted by kissing?" asked Mrs. Gabb, as she laid down the newspaper.

"Marriage," grunted Mr. Gabb.—Cincinnati Enquirer.

THE WAR—ITS CAUSE AND EFFECT, PRESENT AND FUTURE.

Dr. Gordon K. Dickinson, Jersey City, who returned August 17 on the Holland-America steamer Nieuw Amsterdam, from the war zone, gave the following impressions of the European conflict in what he calls his "essay" in the Jersey Journal of August 19th:

Everybody, in every country, gets what he is going to give. If a person is friendly he gets friends. If a person is arming for war he soon discovers that he is making enemies.

The people of Austria and Germany, by a large majority, are opposed to war and do not want to fight. Those countries, especially Germany, compel every man, despite his na- ture, to become a soldier, unlike England and America, which enlist only those who volun- teer for military service.

Whole sections of both Austria and Ger- many are opposed to war and as a result the men who are compelled to go to the front lack courage and are weak-hearted, having a spirit of loyalty not to the Crown but to the Home.

Vienna, being the centre of Austria, was its true representative of character. Crowds there, instead of being mob-like, sang Aus- trian hymns, German hymns and British hymns and cheered all of them. They were orderly and did not produce any sense of con- fusion or fear. In fact, it was entertaining and inspiring.

In Berlin we had the same crowd, which was a mob. It was hysterical and had lost all sense of reason and fairness to others. The Germans also tried to sing the three hymns, but failed in the words and failed in the spirit.

The streets were crowded all night long. It was one big hubbub. It reminded one of one of the cantos of Dante's Inferno. There was absolutely no news. All the editions were thrown to the people with nothing but ru- mors. They excited the crowd to additional fury. Ententainments were practically shut down, the cafes were empty, the streets were walked. The government had confiscated practically all the taxis and automobiles. Troops wandered all through the city. The nation refused to accept paper money. Silver was scarce and did not last long. The stom- ach continued to get hungry and the brain refused to sleep. The hubbub of noise con- tinued to pour into one's ears. We Americans became frantic. No one knew what was best to do. Everyone felt that some action should be taken promptly. The officers of the consulate were beseiged. Young girls with musical ambitions sat all day on the steps of the consulate, penniless, sobbing, hop-

ing, and becoming more hungry. So far as one could, each American helped someone else a little worse off.

The better class of Germans were only too kind and considerate, often refusing to accept any kind of payment, trusting to be reimbused when the people returned to their homes.

Still the mob and the stomach! We would buy buns and a slice of cheese for immediate satisfaction.

The day after we left Berlin—which was by the last train to the border—England sided with France. Then, instead of singing the British hymn, there arose a personal war on all who resembled Englishmen. For a few days all who looked like the English were treated shamefully. They were attacked, knocked down and taken to prison. The country being under military rule, few trains were running. At the border they stopped the trains and compelled the passengers to alight and walk from three to a dozen miles and carry their own luggage. Physical inability soon made them throw their effects aside. Trunks were left behind. Any English-looking person was held up on the streets and taken to headquarters for examination.

But Glorious Germany soon came to her senses.

They had been doing what, perhaps, most any nation would do under the circumstances, and even though Uncle Sam seemed slow in diplomacy and beneficence, aid came as promptly as one could reasonably expect; so that now, we are pleased to learn, Germany is extending all courtesies to each and every American in her boundaries—housing, feeding and giving consolation.

Nations and individuals, suddenly thrown into dire dilemma, naturally lose self-control; but every educated, civilized nation quickly returns to the normal and more than atones for any harm done under excitement.

One cannot believe that civilization and Christianity are a failure and that peaceful conditions will not be brought about in the immediate future, with resulting betterment in all lands.

THE INCREASE OF LUNACY.

Sir J. Crichton Browne recently drew attention to the increase of lunacy during the past half-century, and emphasized the need for further investigations.

In nearly all settled countries from which trustworthy evidence was forthcoming, he said, the number of lunatics was increasing out of proportion to the increase of population. In this country, in 1859 the number of notified insane persons was 36,762; while on the first day of 1913 it was 138,377, an increase of 276.4 per cent., as compared with an increase of population in the same period of only 87.5 per cent.

Various plausible explanations were advanced to account for this enormous increase. No doubt much of it had been due to more accurate registration and to the accumulation in our hospitals of chronic patients whose lives had been prolonged by improved nursing and hospital care. But that would not account for all of it, and the disquieting fact remained that that increase had gone on, and was going on, while many of the best recognized etiological factors of insanity had been curtailed in their operation.

There seemed to be no good reason why insanity should increase, even in proportion, in a vigorous and expanding race. That it should increase at a rate so vastly in excess of the increase in population, while a notable fall in the death-rate betokened an improvement in the general health of the people, and while a marked amelioration of their condition as regarded feeding, clothing, and sanitation had resulted in a decided increase in the average duration of life, was well calculated to cause anxiety.

The segregation of so large a number of the insane ought to have diminished the propagation of that hereditary predisposition to insanity or neuropathic taint, which was so largely responsible for mental disease. The diminished consumption of alcohol and the increased sobriety of our people ought to have been followed by a reduction in the number of these cases of insanity in which alcohol was a principal cause, just as it had been followed by a reduction in the number of cases of delirium tremens and cirrhosis of the liver.

The fall in the death-rate from tuberculosis which sent a certain number of patients to our asylums and figured so largely in their mortality, should have entailed a drop in the admission into them. Puerperal sepsis, which was productive of insanity in some women predisposed to it, by reason of inherited instability was a disappearing quantity, and we should have some corresponding relief in the pressure on our lunatic hospitals. Syphilis, which bulked largely as a cause of insanity in some of its more fatal forms, was a waning disease but we would look in vain for some abatement of the heavy toll which insanity exacted. Influenza, from which we had enjoyed comparative immunity of recent years—the death-rate from it had not exceeded one-half of what it was in 1900— had been a prolific cause of mental breakdown, and the decline in its prevalence and severity should have been perceptible in some shrinking of our mass of lunacy.

The six indubitable causes of insanity took a primary or contributory part in the production of 47 per cent. of the male and 39.4 per cent. of the female admissions to our institutions for lunatics in this country. All these causes had undergone a material restriction in their range of action of late years, while the admissions to institutions for the insane had undergone no equivalent reduction, but had steadily increased, and the accumulation of chronic lunatics rolled on apace.

It was clear, therefore, that if some of the most potent causes of insanity had become less active than they had been, other causes had become more active or new causes had come into play. There was assuredly an urgent call for an investigation wider and more searching than any that had as yet taken place into the causes of insanity and their correlations and incidence, and such an investigation could not but be facilitated by the interchange at a congress like this.

While the preventive side of psychiatric medicine, founded on the etiological study of insanity, was its most hopeful aspect, its therapeutical side must not be neglected. Notwithstanding the vast sums expended on their construction, and their improved administration

the rate of recovery in our asylums had fallen during the last fifty years. The lowering of the rate was probably in some measure to be ascribed to the cumulation of chronic cases, and to the increased resort to asylums in the case of patients whose age and mental and physical condition precluded all hope of recovery. But, allowing for all that, it was clear that there had been no notable or efficacious advance in the remedial treatment of insanity during the period named, and that there was need for increased strenuousness in that clinical, pathological, and psychological investigation of it which a congress like this must stimulate.

The general heatlh prospect of the country was brightening all round, but over our lunatic asylums there was a settled gloom. Great as had been the progress made, innumerable and momentous problems still solicited attention.

MEDICAL COLLEGES OF THE UNITED STATES.

Facts from A. M. A. J., August 22d.

There are now 101 medical colleges in the United States, 87 non-sectarian—regular; 10 homeopathic and 4 eclectic. Eighty-five have ceased to exist since 1904, 49 by merger and 35 became extinct. It is significant that this decrease began with the creation of the A. M. A. Council on Medical Education. The existing colleges are classified as: Class A+, acceptable medical colleges; Class A, colleges also acceptable, which could make certain improvements to be made acceptable, and Class C, colleges requiring a complete reorganization to make them acceptable. We give those located in the East:

Class A+ Medical Colleges; total number, 29—

Columbia Univ. College of P. & S., New York.
Cornell Univ. Medical College, New York.
University and Bell. Hosp. Med. Col., New Y'k.
Syracuse Univ. Col. of Med., Syracuse.
Jefferson Medical College, Philadelphia.
Univ. of Pennsylvania School of Med., Phila.
Univ. of Pittsburgh School of Med., Pittsburgh.
Johns Hopkins Univ. Med. Dept., Baltimore.
Medical School, Harvard University, Boston.
Yale Medical School, New Haven.

Class A; total number, 38—

Albany Medical College, Albany, N. Y.
Fordham Univ. School of Medicine, New York.
Long Island College Hospital, Brooklyn.
N. Y. Homeopathic Med. Col., New York.
Univ. of Buffalo Med. Dept., Buffalo.
Hahnemann Med. Col. and Hosp., Philadelphia.
Medico-Chiurgical College, Philadelphia.
Woman's Med. Col. of Penna., Philadelphia.
College of P. and S., Baltimore.
Univ. of Maryland School of Med., Baltimore.
Boston Univ. School of Med., Boston.
Tuft's Col. Med. School, Boston.
Dartmouth Medical School, Hanover, N. H.

Class B—

Temple Univ. Dept. of Med., Philadelphia.

Class C—

N. Y. Med. Col. and Hosp. for Women, N. Y'k.
College of Phys. and Surg., Boston.
Eastern Univ. School of Med., Baltimore.
Maryland Medical College, Baltimore.

Thirty-two State Examining Boards, including New Jersey's, do not recognize the colleges of Class C. The New Hampshire, Rhode Island and Virginia boards recognize only those of Class A+ and Class A.

Medical Students and Graduates.

There were for the year ending June 30, 1914, 16,503 medical students (matriculants) in the United States, a decrease of 513 from 1913. Of these 15,438 attended the non-sectarian or regular colleges; 794 the homeopathic and 270 the eclectic colleges. The number of graduates was 3,594, or 38 less than in 1913. The decrease was 314 regular, 55 homeopathic and 23 electic graduates. 23.5 per cent. of regulars, 4.5 per cent. of homeopathic and 22.5 per cent. of eclectic graduates held degrees from colleges of liberal arts. There were 121 women graduates, or 3.4 per cent. of all graduates, 20.7 per cent. of whom graduated from women's medical colleges and 79.3 per cent. from co-educational colleges.

The Proportion of Physicians to Population.

While the record above shows a decrease in the number of students and graduates of medical colleges, there is no danger of a scarcity of physicians. The proportion of physicians to population in the leading nations of Europe is one to every 1,500 to 2,000 people. In this country it is one of every 600 to 650 people, not including the so-called drugless practitioners, of which there are comparatively few in Europe.

While the annual loss of physicians by death is about 2,000, the annual increase of graduates from medical colleges is almost double that number. Then the lessening of disease by the profession's increasing knowledge and altruistic efforts in the department of preventive medicine indicate that there will continue to be an abundant supply of physicians.

Graduate Courses in Public Health.

These courses have been established in seven medical schools, giving degrees of: Doctor of Public Health—Dr. P. H.; Certified Sanitarian—C. S.; Master of Science in Public Health—M. S. P. H., or Master of Public Health—M. P. H. They are:

Univ. of Penn. School of Med., Dr. P. H. or C. S.
Med. School of Harvard Univ., Dr. P. H.
Univ. of Mich. D't M. & S., M.S.P.H., or Dr.P.H.
Univ. of Wis. Med. School, D. P. H. or Dr. P. H.
Detroit College of M. and S., M. P. H.
Univ. and Bell. Hosp. Med. Col., Dr. P. H.
Tulane Univ. School of Med., Dr. P. H.
Univ. of Minnesota Med. School, Dr. P. H.

The six last mentioned require the degrees of M. D. to enter; the Univ. of Michigan requires A. B. or B. S. and M. D., the Univ. of Penn. requires M. D. for the degree of Ph. D. and the degree of A. B. or B. S. for the degree of C. S. Harvard Univ. requires degree of A. B. or B. S.

FREE SCHOLARSHIP IN THE COLLEGE OF MEDICINE, UNIVERSITY OF CINCINNATI.

Through the generosity of that public spirit that is now permeating Cincinnati, ten free scholarships in the College of Medicine have been announced. It is being recognized even

by the laity that highly trained medical men are of the greatest economic and social advantage to the community, and this means has been adopted in a measure to aid in fitting men and women for life work of efficient social service. The Committee on Admission, consisting of Drs. Knower, Freiberg and Jones, to whom was referred the conditions for awarding the free scholarships, reported as follows to Dean Holmes:

That we should immediately advertise and send copies of these conditions to the colleges of Ohio and the neighboring regions, and to applicants already on our lists.

1. Candidates should submit credentials as asked for in our admission requirements—

(a) To cover their high school work of four years with sixteen units.

(b) To cover the college work in chemistry, biology, physics and languages, as here required for admission (see catalogue).

2. Such candidates should also submit special recommendations signed by the scientific professors in chemistry and biology as to their good standing in scholarship.

3. Since it is essential to know positively that the candidate is worthy of this financial assistance and is actually in need of it, he should submit a statement to that effect from a physician in good standing, perferably one of the alumni of the Ohio-Miami Medical College. This should be accompanied by a similar statement from parent or guardian; and with references (names and addresses) of three reputable citizens.

4. Finally, we recommend that candidates should be informed that in order to retain these scholarships for successive years, he must maintain a good scholastic record with us, with no conditions or failures.

In making the above announcement The Lancet-Clinic, of Cincinnati, May 9th says:

The establishment of ten scholarships, while a decided tribute to the generosity of Cincinnati, is of greater moment still, in that it will attract to the University a class of men whose training and whose earnestness assumes not only that they will make good personally, but who are sure to reflect credit upon their Alma Mater. In fact, medical Cincinnati has seen no more auspicious year than this since Daniel Drake and his colleagues opened the Medical College of Ohio in 1820. The nation-wide desire for interneships in the new hospital, the scholarships, the summer school and the opening of the best hospital in the United States, if not in the world, will mark a commencement indeed, that will make the ninety-four year of this medical school a most memorable one.

Lancet-Clinic, Cincinnati, May 9th.

Simple Mind or Mediocre.

Simple minds are contented with mystic solutions, with an illusory play of words. Men of science investigate with an open mind, are satisfied with their work which, if slow, is certainly progressive. But the mediocre mind wishes to know everything without much trouble, and has a strange longing for prompt and safe formulae. Such men are the predestined victims of predjudice and scientific quackery.—Lugaro. Problems in Psychiatry.

The modern lawyer, when asked his fee after successfully terminating litigation in or out of court, asks: "Well, how much money have I saved you?" (he knowing the amount full well) and then charges from 10 to 50 per cent. Imagine a doctor, after saving a life, using a similar accounting! And get in abstract equity.—Exchange.

The most useful, honorable and self-sacrificing of professions is the most underpaid, cheated, shackled and the shortest-lived.

Therapeutic Notes.

Bright's Disease—Acute.

Dr. Norbert Ortner states that tannin has long been a favorite drug in the reduction of albuminuria. It is strongly recommended by Pribram of Prague in the following prescription:

℞ Sodium tannate, 0.10 to 0.20 gram.

This dose should be given in cachet form. Three to five cachets should be given daily. Not more than 1 gram a day should be administered. Ortner has repeatedly tried this prescription but without marked success. In his experience with sub-acute nephritis after scarlet fever, he has often used quinine tannate as follows:

℞ Quinine tannate 0.10 to 0.20 gram.

This drug should also be given in cachet form, two to four times a day. Ortner has more recently used tannalbin, 2 to 3 grams a day, but without affecting in the least the progress of the disease as such:

℞ Tannalbin, 1 gram.

This may be given in a cachet two or three times a day. But Ortner now prefers the alkalies to tannin, particularly bicarbonate of sodium, 6 to 8 grams a day, or lithium benzoate or carbonate, 1 to 2 grams. Their administration has repeatedly been followed by a rapid increase in the amount of urine and decrease in its blood content. The alkalies also reduce the congestion. Almost all other drugs recommended have even less in their favor than tannin and tannalbin. Provisionally, methyl violet or methylene blue, 0.10 gram in wafers, or sodium benzoate may be employed for their bactericidal effect. Methyl violet possibly also reduces the albuminuria. Sodium benzoate may be prescribed as follows:

℞ Sodium benzoate, 3 to 4 grams.
Distilled water, 170 grams.
Syrup of orange, 20 grams.

Of this solution one tablespoonful should be given every two hours. The salts of strontium have been strongly recommended by French authors and have been tried in Vienna on Drasche's recommendation. Strontium bromide, strontium nitrate, and strontium lactate are used, the last most frequently. It is prescribed as follows:

℞ Strontium lactate, 6 to 8 grams.
Distilled water, 170 grams.
Syrup of orange, 20 grams.

Of this solution one tablespoonful should be given every two hours. Ortner considers that a venesection, taking 300 c.c. of blood from the vena pedica according to Baccelli's procedure is more effective than is the use of any styptic. In a short time, sometimes in 24 hours, it will reduce the blood content of long

tanding to a mere microscopic trace or may ven cause it to disappear entirely from the rine.—Medical Record.

Habitual Constipation.

Dr. Max Einhorn, New York, in a paper ublished in the N. Y. Medical Journal, states hat the importance of autointoxication has een exaggerated. Durin of Warsaw was one f the first to emphasize the fact that nervous henomena said to be caused by autointoxicaion, are not due to constipation, as such, but, uite the reverse, bring on the constipation. Constipation may develop as the result of the uppression through hurry or inconvenience f the normal daily desire which is developed y training. Constipation may arise in otherwise healthy people through medication. Habitual constipation may be developed through lieting. Constipation can develop from a lack of fluids. One theory regarding the etiology of constipation is that the muscle of the bowel is thinner than normal, i. e. it is congenitally abnormal. Another theory is that constipation may be due to an abnormal position of the large bowel, either to a kink or a ptosis, or a too long colon. Adolf Schmidt brought out a new point, namely, that habitual constipation may be due to a better process of digestion and assimilation, so that there is very little fecal matter remaining. The author does not quite agree with him with regard to the general acceptance of this theory. While it is true that in habitual constipation the bulk of fecal matter is diminished and the absorption is very good, perhaps too good. This is not the cause of the constipation, but rather the consequence. In the treatment of habitual constipation the first point is to reassure the patient and tell him that constipation is not such a great misfortune. One should try to interfere as little as possible and to bring back the lost habit of daily regularity. The diet should be arranged to facilitate the bowel movements. This is done in the majority of cases by giving bulky foods, fruit, and salads that contain a great deal of organic acids and cellulose, matter which is not digested, bulky foods serving to bring no more efficient peristalsis. Enough water should be given to the patient. Butter should be used freely. The author has prescribed a combination of phenolphthalein and agar, containing 3 per cent. of phenolophthalein and taken twice a day, or sometimes three times a day in teaspoonful doses. One advantage of these agar preparations is that the remedy in the agar does not come out quickly from the agar substance, but is absorbed slowly through osmosis, and in this way covers a large area of the intestine. A teaspoonful to a tablespoonful of liquid paraffin given twice a day acts well in some cases. That physical means of treatment, hydrotherapy, exercise, massage of the abdomen and electricity have been successfully applied.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam'd	Pas'd	Fail'd
Arkansas, Homeopathic	8	8	0
Nevada, May	7	4	3
New Mexico, April	5	5	0
Oklahoma, April	15	11	4

The Oklahoma Board also licensed 19 through reciprocity.

Marriage.

WILLIAMS-SCHMIDT.—At Trenton, N. J., July 15, 1914, Dr. Harry D. Williams to Miss Elsie Schmidt, both of Trenton.

Personal Notes.

Dr. William O. Bailey, Newark, and wife have been spending the summer in the Rambler Cottage, Culvere Lake.

Dr. Peter B. Cregar, Plainfield, was registered at the Beach House, Sea Girt recently.

Dr. Martin J. Synnott, Montclair, and wife spent a few days at Allenhurst last month.

Dr. Morris R. Faulkner, Vineland, has been appointed Medical Inspector of the Pittsgrove Township School.

Dr. Walter J. Jaquith, Chatam, and wife took a vacation trip to Canada last month.

Dr. Alvah A. Swayze, Hackensack, and wife have been spending a few weeks in the Adirondacks.

Dr. Charles F. Abraham, East Orange, spent the month of August at the Hotel Columbia, Belmar.

Dr. W. Homer Axford, Bayonne, spent a few weeks this summer at Green Pond.

Dr. J. Hervey Buchanan, Plainfield, enjoyed a few days' fishing trip to Bridgeton, N. J. The doctor has recently issued a book of music for the use of the Knights of the Golden Eagle.

Drs. Gordon K. Dickinson and B. S. Pollak, Jersey City, spent a few days last month in Vienna.

Dr. James R. English, Newark, and wife spent the summer at their cottage at Budds Lake.

Dr. Henry B. Epstein, Newark, and family spent a month at Babylon, Long Island.

Dr. Archibald C. Forman, Bayonne, was recently suddenly taken ill while visiting a patient, but has recovered.

Dr. Thomas H. Flynn, Somerville, enjoyed a brief vacation last month.

Dr. Jacob J. Greengrass, Paterson, spent a few days last month at Stanhope, N. J.

Dr. Albert S. Harden, Newark and wife spent the month of August at Orr's Island, Maine.

Dr. E. L. Henion, Paterson, made a brief visit with relatives at Sparta last month.

Dr. H. Garrett Miller, Millville, has been elected vice-president of the Millville Health Board.

Dr. Charles C. Saulsberry, New Brunswick, and family spent two weeks in August at Sea Girt.

Dr. Orris W. Saunders, Camden, and wife spent a few days at Point Pleasant.

Dr. Benjamin F. Seaman, Raritan, enjoyed a ten days' fishing trip at Lake Whaley, N. Y., last month.

Dr. Henry H. Sherk, Camden, was suddenly stricken with paralysis August 7th, on returning in the night from attending a patient. He is reported as convalescing.

Dr. David St. John, Hackensack, was one of the original directors of the Hackensack National Bank which celebrated its 25th anniversary last month.

Dr. Margaret N. Sullivan, Jersey City, has

been placed in charge of the women's ward at the Jersey City Hospital.

Dr. Merrill A. Swiney, Bayonne, and wife spent a few days in the White Mountains, N H., last month.

Dr. George L. Warren, Newark, motored to Cape May and spent a few days there last month.

Dr. John W. Wade, Millville, has been reelected president of the local Board of Health.

Dr. Edward P. Whelan, Nutley, and wife spent a few days at Richfield Springs and Utica, N. Y., last month.

Dr. Raymond D. Baker, summit, and wife have returned home after spending two weeks in Maine.

Dr. Charles W. Banks, East Orange, returned recently from his vacation spent in the White Mountains.

Dr. Edward P. Essertier, Hackensack, will move to his new home in Clay street about October 1st.

Dr. Britton D. Evans, Greystone Park, who was confined to his bed by slight illness a few days recently, has recovered.

Dr. Roland I. Haines, Camden, recently returned from his 1,000 mile auto trip through the Berkshire and White Mountains and Maine.

Dr. Lucas E. Henion, Paterson, spent a few days last month with Dr. L. S. Burd, Ogdensburg.

Dr. Ernest G. Hummel, Camden, spent a few days last month at Island Heights.

Dr. Charles J. Larkey, Bayonne, has returned from his trip to Tannersville, N. Y.

Dr. Alexander Marcy, Jr., Riverton, has returned from his vacation spent in British Columbia.

Dr. Clinton D. Mendenhall, Bordentown, and family spent two weeks last month at Atlantic City.

Dr. Leonidas L. Mial, Paterson, and family enjoyed a two week stay at Seabright last month.

Dr. George N. J. Sommer, Trenton, spent a week last month at Blooming Grove, Pa.

Dr. Norman L. Rowe, Jersey City, and wife recently returned from a visit to Denville, N. J.

Dr. James T. Wrightson, Newark, and wife spent two weeks last month at Laurel Inn, Pocono Lake, Pa.

Book Reviews.

A Treatise on Clinical Medicine. By William Hanna Thomson, M. D., LL.D., formerly Professor of Practice of Medicine and of Diseases of the Nervous System in the New York University Medical College; Ex-President of the New York Academy of Medicine, etc. Octavo volume of 667 pages. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $5.00.

The author calls attention first to the mechanism of surface chill, or "catching cold." He then gives considerable space to the significance of pain, emaciation, cough, dyspnoea, edema and vomiting. He classifies remedies as medicinal, non-medicinal and vaccines. After this interesting introduction he considers and classifies the infections. The larger part of the book deals with the diseases of special tissues or organs. Altogether it is a very attractive presentation of modern clinical medicine and is especially helpful in diagnosis.

Collected Papers by the Staff of St. Mary's Hospital (Mayo Clinic) for 1913. Octavo of 819 pages, 335 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $5.50 net.

By far the largest and in many respects the best of the reports issued by this noted hospital, the volume for 1913 forms an up-to-date treatise on the general surgery of the day. It is beautifully illustrated and well indexed.

Anoci-Association. By George W. Crile, M. D., Professor of Surgery, School of Medicine, Western Reserve University, Cleveland; and William E. Lower, M. D., Associate Professor of Genito-Urinary Surgery, School of Medicine, Western Reserve University, Cleveland. Octavo of 259 pages, with original illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.00 net.

This volume is a brief summary of Crile's experiments, which are styled by him as the Kinetic Theory of Shock and the principle of Anoci-Association. The application of these theories to the technique of surgical operations should be read and pondered by every surgeon.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume III. Number III. Octavo of 215 pages, 54 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Published Bi-Monthly. Price per year: Paper, $8.00.

Guiding Principles in Surgical Practice. By Frederick-Emil Neef, B.S., M.L., M.D. Adjunct Professor of Gynecology, Fordham University School of Medicine, New York City. Sextodecimo; 180 pages. Surgery Publishing Co., New York. Price, Cloth, $1.50,

This book states the practical points in the preparation of the patient, the operating room, gives advice to the surgeon, the anesthetist and the nurse, indicates the after care of the case and contains valuable hints on sterilization, wound healing, scar formation, suture material, etc.

Diseases of Bones and Joints. By Leonard W. Ely, M.D. Associate Professor of Surgery, Leland Stamford Junior University, San Francisco, Cal. Sextodecimo; 220 pages, 94 illustrations. Surgery Publishing Co., New York. Price, Cloth, $2.00

The author's experience especially fits him to write on this branch of surgery. He states quite concisely the anatomy, physiology and pathology of the bones and joints, discusses acute and chronic arthritis, ankylosis, diseases of the shafts, acute osteomyelitis, new growths in bone, etc., and gives some valuable suggestions for treatment in cases, which are usually quite intractable.

OFFICIAL TRANSACTIONS

OF THE

ONE HUNDRED AND FORTY-EIGHTH ANNUAL MEETING

OF THE

MEDICAL SOCIETY OF NEW JERSEY

At Spring Lake, N. J., June 29 and 30 and July 1, 1914

June 29th, 1914,

10.30 A. M.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 10:45 A. M. by President Enoch Hollingshead, M. D., who addressed the delegates as follows:

"I feel deeply the honor of having been called by you to preside over the Society for the past year, and this morning I welcome you all and wish a harmonious meeting and one which will reflect to the credit of our Society and result in good to the people of the State."

Following the President's address the Committee on Credentials offered its report as follows:

The committee has examined the credentials of all delegates thus far presented and find that a sufficient number to constitute a quorum is present. The following component societies have made nominations for permanent delegates: Camden, John K. Bennett; Cumberland, John W. Wade; Essex, E. Z. Hawkes; Middlesex, Edgar Carroll; Monmouth, Harry E. Shaw; Passaic, H. H. Lucas. The credentials being in due form, we recommend their election. Reporters whose names are printed in program are entitled to privileges of annual delegates.

Harry A. Stout, Chairman.

The *Recording Secretary* moved that the minutes of the 1913 meeting, as printed in the August, 1913, number of the Journal, with a correction on page 152 so that a motion would read, "A revision of the Constitution and by-laws" instead of "A revision of the by-laws" as it is in the published minutes, be adopted. Carried.

The *Recording Secretary* read the report on permanent delegates, as follows:

At the close of the 1913 meeting there were 130 permanent delegates, with vacancies in four component societies; in Cumberland and Middlesex through the deaths of Dr. Joseph Tomlinson and Ambrose Treganowan, in Monmouth and Union through the operation of the constitution, which creates a vacancy by the absence of a permanent delegate from two consecutive meetings without a written excuse to the Judicial Council.

During the year five permanent delegates have died, as follows: Dr. Edward A. Reilly, Atlantic; Dr. William A. Davis, Camden; Dr. Richard G. P. Dieffenbach, Essex; Dr. George C. Laws, Gloucester, and Dr. Edward F. Denner, Passaic, making the number of permanent delegates at this date 125. While these deaths, together with the vacancies existing at the close of the 1913 meeting, make the apparent number of vacancies nine, there are but eight in fact, as the death of Dr. Laws of Gloucester does not create a vacancy in this component society, as, with its present number of permanent delegates, three, it has more than is allowed by the constitution; one-tenth of its certified membership, which is twenty-six. The component societies qualified to fill vacancies at this meeting are Atlantic, Camden, Cumberland, Essex, Middlesex, Monmouth, Passaic and Union.

Of these, Camden nominates Dr. John K. Bennett; Cumberland, Dr. John W. Wade; Essex, Dr. E. Zeh Hawkes; Middlesex, Dr. Edgar Carroll; Monmouth, Dr. Harry E. Shaw, and Passaic, Dr. Henry H. Lucas. All of these nominees have presented properly executed certificates of nomination and are eligible for election at this meeting of the State Society.

Component societies may, at their next annual meetings, nominate as permanent delegates for election at the 1915 annual meeting of the State Society one nominee for each thirty members or major fraction thereof, provided that no component society shall be entitled to more than one-tenth of its certified membership at the time of its annual meeting.

Dr. Cyrus Knecht of Monmouth County Component Society, who was dropped as a permanent delegate from that county at the 1913 meeting for absence from two consecutive annual meetings without a written excuse, claims he did make such excuse and was therefore illegally disqualified and should have a hearing before the nominee from Monmouth County is balloted on.

Respectfully submitted,
Thomas N. Gray.

On motion the Secretary was directed to cast a ballot for Dr. John K. Bennett to fill the vacancy caused by the death of Dr. William A. Davis; for Dr. John W. Wade to fill the vacancy caused by the death of Dr. Joseph Tomlinson; for Dr. E. Zeh Hawkes to fill the vacancy caused by the death of Dr. Richard G. P. Diffenbach; for Dr. Edgar Carroll to fill the vacancy caused by the death of Dr. Ambrose Treganowan; for Dr. Henry H. Lucas to fill the vacancy caused by the death of Dr. Edward F. Denner.

Dr. Schauffler, Chairman of the Committee on Arrangements, made the announcement that because of the limited number of exhibitors the funds of the committee were low, and it had in consequence been unable to provide the usual entertainment, but that in place of this there would be dancing immediately after the banquet, Tuesday evening.

The *Recording Secretary* presented the following report of the Committee on Program:

The report of this committee is in the hands of the members. The committee wishes to thank the Committee on Scientific Work for the early preparation of its part of the program, thus making it possible to get the program into the hands of the members well in advance of the annual meeting.

The committee presents the program as its report and moves that it be made the order of business for each meeting of the House of Delegates, general session and day, and its adoption as such.

Thomas N. Gray, Chairman.

Report and motion adopted.

On motion the report of the Committee on Business was deferred.

The *Committee on Scientific Work* reported, as follows:

Your committee submit the program as the result of this year's work. It regrets very much the necessity of the long session for this evening, but as this is the only evening devoted to scientific work, and the tendency to illustrate papers by lantern slides is more marked every year, it might be well to prepare for this eventuality another year by either procuring a meeting room that may be darkened by curtains for such purpose or by giving over another evening to scientific work, so that the program might be more evenly balanced.

The committee wishes to express its thanks to those who have aided it in making its work possible by contributing papers and by valuable suggestions.

Respectfully submitted,
August A. Strasser, Chairman;
Alex. McAlister,
John C. McCoy.

The *Committtee on Scientific Work* then presented the county reporter's reports. For reports see Addenda.

The *Corresponding Secretary* made a verbal report that he had attended to all the duties of his office, which were not many.

The *Recording Secretary* read his report on the membership, which follows:

The membership of the Society on June 10th, 1913, was 1,471, with 82 on the delinquent list.

During the year 85 new members have been added and 43 delinquents reinstated, making the total number rostered 1,599.

This total has been reduced by 23 deaths, 6 removals from the State, 2 resignations and a delinquent list of 31, making the membership June 29th, 1914, 1,537.

In the gain fifteen component societies have shared. Gloucester and Sussex remain stationary; Cumberland, Ocean and Union have lost.

The change in the fiscal year was made smoothly, and the small number of delinquents proves the loyalty of the members to the Society.

Respectfully submitted,
Thomas N. Gray.

The *Treasurer* made the following report:

Dr. Archibald Mercer, Treasurer, in account with the Medical Society of New Jersey.

1913. CR.

June	2	Camden Co., additional payment	$2.00
"	4	Receipts from Journal.....	1,020.21
"	5	Morris Co., additional payment	2.00
"	12	Camden Co., " "	2.00
"	19	Essex " " "	31.00
"	30	Camden " " "	4.00
"	30	Middlesex Co., " "	4.00
July	1	Interest Bond, Chicago & Alton	17.50
"	2	Essex Co., additional payment.	8.00
"	7	" " " "	6.00
"	11	Camden Co., " "	2.00
"	18	Morris " " "	2.00
"	19	Passaic " " "	8.00
"	20	Atlantic " " "	20.00
"	20	Bergen " " "	4.00
"	29	Hudson " " "	6.00
"	29	Camden " " "	2.00
Oct.	4	Bergen " " "	2.00
"	8	Essex " " "	2.00
"	14	Essex " " "	4.00
"	15	Camden " " "	2.00
"	17	Atlantic " " "	4.00
"	18	Atlantic " " "	4.00
"	20	Warren " " "	2.00
"	28	Bergen " " "	2.00
Nov.	6	Essex " " "	10.00
Dec.	1	Bergen " " "	2.00
"	20	Hunterdon Co., annual assess'nt	75.00
			$1,249.71
		Balance in Bank June 1, 1913.....	2,947.23
		Bank interest on daily balance.....	27.45
			$4,224.39
		$1,000 Bond, Chicago & Alton, 3½% cost.....	786.50
			$5,010.89

1913 DR.

June	11	New Monmouth Hotel.....	$3.38
"	11	Dr. A. McAlister.....	2.50
"	11	Dr. James Hunter, Councilor..	26.40
"	11	Eliza'h Denman, stenographer	75.00
"	11	Dr. T. N. Gray, Rec. Sec. Exp.	75.00
"	11	W. H. Iszard, Councilor.	29.90
"	11	Dr. Ed F. Denner, Councilor	6.80
"	12	Dr. A. Mercer, Treasurer.....	15.10
"	12	Dr. C. C. Beling, Councilor,..	18.70
"	12	Dr D. C. English, Sec. Bd. Trustees.....	5.70
"	13	Dr. W. A. Clark, Councilor..	4.00
"	13	Dr. H. A. Stout, Cor. Sec....	28.90
"	13	The Constitution Co., printing	4.50
"	13	C. M. Robbins Co., badges...	90.00

ine	19	Dr. W. J. Chandler, programs and Pub. Committee.....	$219.82
"	25	Dr. L. M. Halsey, Leg. Com.	65.00
"	25	Dr. H. B. Costill, " "	30.00
ily	8	Fid. & Cas'y Co., Treas. Bond	7.50
"	8	Dr. Geo. B. Crile, Trav. Ex...	41.15
"	8	Dr. W. J. Chandler, Pub. Com.	303.17
"	8	Dr. T. N. Gray, Programs...	19.50
"	24	Dr. W. J. Chandler, Pub. Com.	242.19
"	24	Dr. T. N. Gray, Rec Sec. Exp.	4.75
"	25	Dr. A. McAlister, Scien. Com.	33.39
ug.	6	Dr. T. N. Gray, Rec. Sec. Exp.	100.00
"	6	Dr. W. J. Chandler, Pub. Com.	200.00
ept.	20	Dr. W. J. Chandler, Pub. Com.	176.07
"	25	Dr. T. N. Gray, Rec. Sec. Exp.	35.00
"	25	Dr. F. C. Jacobson, Moving Picture Committee.....	10.00
"	26	Dr. W. J. Chandler, Pub. Com.	225.00
)ct.	22	Dr. W. J. Chandler, Pub. Com.	206.87
"	22	A. G. Wall, Medical Defense.	100.00
Nov.	14	Dr. W. J. Chandler, Pub. Com.	168.15
"	24	Dr. T. N. Gray, Rec. Sec Exp.	30.00
)ec.	15	Dr. W. J. Chandler, Pub. Com.	171.05
"	30	Dr. W. J. Chandler, Pub. Com.	225.00
"	31	F. M. Voorhees, Med. Def'se	154.91
			$3,154.72
Cash balance in Bank, January 1, 1914..			1,069.67
			$4,224 39
1,000 Bond, Chicago & Alton, 3½%, cost, $786.50.....			786.50
			$5,010.89

Respectfully submitted,
Archibald Mercer, Treasurer.

Statement of the Treasurer, from January 1, 914, to June 29, 1914.

Balance in Bank January 1, 1914.....	$1,069.67
Bond Interest, January 1, 1914.....	17.50
Dues from County Societies from Jan. 1 to date.....	4,534.00
Receipts from Journal, year ending June 1, 1914.....	1.252.65
	$6,873.82
Expenditures, January 1, 1914, to date..	1,541.61
	$5,332.21

Archibald Mercer, Treasurer.

Dr. Ill announced that the auditing committee of the Board of Trustees had found the Treasurer's accounts correct. On motion report was accepted.

The *Secretary* of the Board of Trustees reported as follows:

The Board of Trustees held two meetings during the year at Newark, one October 23, 1913, and the other March 6, 1914. The following business was transacted:

The continued defense of Dr. N. L. Wilson was ordered, his case having been appealed by the plaintiff, who charged him with malpractice.

The Treasurer was requested to pay Lawyer A. C. Wall, the Society's counsel, $100 as a retaining fee. The regular procedure in cases of defense of members in malpractice cases was considered and decided.

The Secretary reported that Treasurer Mercer had filed his bond for the present year.

The official list of the officers and members of the Society was ordered to be published after May 29th, 1914. The publication of the list of non-affiliating physicians in the State was ordered discontinued.

It was ordered that treasurers of County Societies be requested to send dues and subscriptions direct to the Treasurer of the State Society.

The fixing of the place and date of the annual meeting, after thorough discussion and presentation of correspondence, was decided unanimously for Spring Lake, June 29th, 30th and July 1st.

It was ordered after report of special committee that this Society join with the thirty-eight other bodies in the State in the work of the People's Legislative Bureau and that $50 be appropriated as our share of the bureau's expenses.

At a meeting of the board held this morning, in the absence of the Chairman, Dr. Ward, Dr. Alexander Marcy, Jr., was elected temporary chairman. Dr. English was re-elected Secretary.

Treasurer Mercer reported for six months, June 1, 1913, to January 1, 1914, closing the fiscal year ending December 31, 1914: Balance on hand June 1, 1913, $2,947.23; interest from bank on deposit, $27.45; dues received, $1,249.71; total, $4,224.39; balance on hand January 1, $1,069.67.

He also presented a statement of receipts and expenditures from January 1 to June 1, 1914: Balance, January, $1,069.67; interest on bond received, $17.50; dues from county societies, $4,534; receipts from Journal for year ending June 1, 1914, $1,252.65; total, $6,873.82; expenditures, $1,541.61, showing a balance on hand June 1, 1914, $5,332.21, and a bond which cost $786.50.

The Secretary, Dr. Gray, presented his annual report, and also the report on permanent members, present number, vacancies and nominations made by county societies to fill vacancies.

Dr. Chandler, chairman Committee on Publication presented his annual report showing amounts of receipts and expenditures.

These reports were accepted and discussed.

It was ordered—

1. That the stenographer's expenses, in addition to salary should be paid.
2. That lawyer A. C. Wall be retained at payment of $100 as the counsel of the Society.
3. That the editor of the Journal be reappointed for the ensuing year at the same sum as heretofore for salary and expenses.
4. That the awards for the prize essay be $100 for the first in order of merit and $50 for the second in order of merit.

The board adjourned subject to the call of the chairman protem. A further report will be made to the Society.

David C. English, Secretary.

The delegates to the American Medical Association, through Dr. Lalor, made the following report:

1. The American Medical Association, through its house of delegates, has placed itself on record as favoring a higher standard of medical education. It recommends that all matriculates of 1914 and graduates of 1919 have a preliminary college year and an extra hospital year.

2. An amendment to the constitution and by-laws, whereby differences between component county or State societies, or their individual members, may be carried to the Judicial Council of the American Medical Association for settlement, was laid over until next year, that the component societies may have ample opportunity to discuss the same.

3. San Francisco was chosen for the meeting place next year.

4. New Jersey is represented in the officers of the A. M. A. for the ensuing year by,

Dr. Wm. E. Darnall, 4th vice-president and Dr. Philip Marvel, trustee.

Respectfully submitted,
Wm. Smith Lalor.
Edward Guion.
Linn Emerson.

Dr. Guion, delegate to the International Congress of School Hygiene, made his report, as follows:

Your delegate to the International Congress of School Hygiene, begs to report that he attended the Congress at Buffalo, that he had a very enjoyable time, that he attended a number of the sessions and listened with interest to the presentation of numerous papers, and inspected the Exhibit, and that he gleaned therefrom knowledge that he hopes will prove of value, both to himself and the Medical Society of New Jersey.

Respectfully submitted,
Edward Guion.

The *Recording Secretary* presented the credentials of Drs. Patrick Cassiday of Norwich and Ansel G. Cook of Hartford as delegates from the Connecticut State Medical Society, and moved that they be given the privilege of the floor as corresponding members. Carried.

Dr. Iszard reported as Chairman of the Judicial Council, and also presented the reports of the Councilors of the 1st, 2nd, 4th and 5th districts, and a special report on the defense of three malpractice suits and on unethical advertising, as follows:

Gentlemen:—It is a pleasure to report that the profession throughout the State, with very few, if any, exceptions, are actively working for the benefit of humanity and the prolongation of human life.

There have been five cases of prosecution, Three (3) claiming and entitled to the aid or financial assistance of the Defence Act and two asking only for the moral support of the State Society. For a special report on the three prosecutions I will kindly ask Dr. Beling, the councilor of the 1st District, to make the report with the council recommendations.

I desire to say, however, that the secretary, Thos. N. Gray, is deserving of much credit in keeping the permanent delegates in good standing in the Society.

I also present the reports of the Councilors for the 1st, 2nd, 4th and 5th districts. The report of the Councilor of the 3rd district will be presented later.

Wm. H. Iszard, Chairman.

First District.

Dr. William H. Iszard,
Chairman, Judicial Council.

Dear Doctor:—

During the past year all the societies in m district were visited and found to be in satis factory condition and doing good work.

In Essex County the activities of its mem bers have not been confined to the scientifi work of the organization itself but have bee extended in other directions as well, such a the support of a growing academy of medicine of an active pathological society and an in terest in matters of public health and welfare Increased facilities provided for by the open ing of the large new wing at St. Michael' Hospital with ample room for outdoor clinics the new City Dispensary with its splendi equipment, the completion of a nurse's hom at the Newark City Hospital and the extensiv additions to St. Mary's Hospital, Orange, serv to indicate the progress of medical work i this county.

There was only one case calling for Stat Medical Defence. This was one of allege criminal abortion occurring in Warren County Dr. F. A. Shimer, of Phillipsburg, N. J., wa charged with the illegal production of abor tion resulting in death of the patient. Hi acquital is another victory for medical defence The defence was conducted in a skillful an able manner by Judge Wm. H. Morrow, o Belvidere. As this case has already been taker up by the Judicial Council for special repor to the Society it will need no further elucidation on my part.

In concluding this report I wish to make special mention of the assistance and co-operation I have had in my work from our active and indefatigable Secretary.

Respectfully submitted,
Christopher C. Beling,
Councilor, First District.

Second District.

Dr. Wm. H. Iszard,
Chairman of Judicial Council,
Medical Society of New Jersey.

My dear Doctor:—

I herewith submit to you my report for the 2nd district. As a matter of convenience I exchanged Union County for Sussex County with Dr. Beling of the 1st district. The work of the county societies in my district has been carried on with splendid activity, and scientific programs of a high grade have been provided at regular stated meetings. There have been no local dissensions, and a marked appreciation of the value of sound medical ethics and good fellowship appears to prevail throughout the district. A malpractice suit for damages was brought against Dr. J. F. O'Connor, of Kearney, N. J., in March of this year. This case was referred to me and promptly dealt with by communication with the members of the Judicial Council. The Council after investigation deemed Dr. O'Connor entitled to the support of the State Society in his defence, and accordingly the special counsel of the Society was instructed to defend the action. Since that time there has been no further move on the part of the prosecuting attorney to continue the suit. The Sussex County Society took action at the last meeting, toward having license of a physician in Newton, N. J. revoked,

after he had been convicted by the Courts of criminal abortion practice. The Passaic County Society's special committee devoted considerable money and time, toward prosecuting unlicensed practitioners and others practicing medicine illegally.

Yours very respectfully,
Robt. M. Curts,
Coucilor, 2nd District.

Fourth District.

Camden, N. J., June 29th, 1914.

Three of the counties in this district have had a peaceful and somewhat prosperous year, Burlington County, the home county of our President, has had interesting and profitable meetings with an increase in their membership. Camden County has listened to many very good and instructive papers and been honored by a number of distinguished and honorable citizens of our State. Not only by their presence, but by their good words of wisdom and encouragement. Among these were Senator Wm. T. Read of Camden County, Senator W. E. Ramsey, M. D., of Middlesex County, Honorable A. V. Beekman, Speaker of the House and Circuit Court Judge Frank T. Lloyd. Ocean County, while not large in numbers is strong in good word and works and while their secretary, Dr. Schauffler, is on the State Board of Education, they will be kept progressing.

The profession in Monmouth County has again been disturbed by the wilful prosecution and second trial of one of its honored members, Dr. Reginald S. Bennett. The first trial lasting four days, resulted in a disagreement, the second lasting five days in an acquital. I was present at the last trial on the crucial day when the experts were testifying. One painful thing about this trial was to see and hear a member of one of the County Medical societies and a permanent delegate of this to our State Society testifying for the plaintiff. This he did at both trials. On account of the change in the method of employing counsel and some misunderstanding Dr. Bennett has been denied the benefit of the defence act to which in my judgment he is justly entitled for both trials, he having paid over $1,200 already to his attorneys.

Respectfully submitted,
Wm. H. Iszard,
Councilor, 4th District.

Fifth District.

Westville, N. J., June 24th, 1914.

Dr. William H. Iszard,
Chairman Judicial Council,
N. J. State Medical Society.

Dear Sir:—

I herewith submit my report as councilor of the Fifth District for the year 1913-1914.

The county societies have held their usual number of meetings during the past year. The attendance of members has been good, the papers and addresses have been upon live topics, the discussions have been active and helpful to all.

I note with pleasure that the men who come before our societies are selecting topics of practical value to the general practitioner from the clinical standpoint, giving them the best in the newer advances in therapeutics, clinical and differential diagnosis and laboratory work. Topics of this character meet with ready and appreciative reception, keep us abreast of times and send us forth the better prepared to practice our profession.

To many who practice in the more remote sections of the State these meetings are a post-graduate course and their fruits are seen in the daily work of men.

We have had no medical defense cases in this district that required the attention of the council. There have been, however, suits against some of our members that would probably never have gone in the courts except for the indiscretions, by innuendo and otherwise, of some of the members of the profession, in discussing with the laity, the work of their colleagues. The profession is not as careful as it should be in this respect, often being responsible, whether through thoughtlessness or indifference, for the starting of many of these suits. More caution and reserve upon the part of the profession in general, as to how, when, where and with whom questions of practice are discussed and the reputations of a brother practitioner inadvertently injured, would result in saving of many suits. This is a subject worthy of our consideration. The spirit of the profession is honorable and fair in these matters as a rule, but some of our members are not as discreet as they should be.

Our genial and active secretary, Dr. Gray, has helped us greatly in our work through his personal visits to the local societies. During these visits he has cleared up many mooted points in the relationship existing between the State and County societies, especially in reference to permanent delegates sending excuses to the council for absence from any of the annual meetings of the State Society. These visits have been a source of both pleasure and profit to our local societies.

Very truly yours,
James Hunter, Jr.,
Councilor, 5th District.

Special Report of the Judicial Council.

The Judicial Council recommends to the Medical Society of New Jersey that it reimburse Dr. Reginald S. Bennett, of Asbury Park, the sum of five hundred dollars, (i.e. $250 for each trial) for the following reasons:

1. That, when Dr. Bennett applied for medical defence to the State Society, it had not as yet retained a legal adviser in accordance with the resolution passed by the Society at its annual meeting in 1912, prior to Dr. Bennett's application.

2. That, at the time Dr. Bennett applied to the council in session, he had already consulted Ex-Attorney General Wilson in regard to his defence and was desirous of having the Judicial Council retain him.

3. That, Dr. Gray, the secretary, (who with Dr. Chandler and Dr. English composed the committee appointed by the trustees to retain counsel for the Society), being present, took up the question with Dr. English by telephone. Dr. English informed the Judicial Council through Dr. Gray that so far as he knew no legal adviser had as yet been retained by the committee and that it would be all right for the Judicial council to retain Mr .Wilson to defend Dr. Bennett.

4. That, the Judicial Council, therefore retained the services of Mr. Wilson and thus obligated the Medical Society of New Jersey for the cost of the said defence.

It was not until four days later that the chairman of the Judicial Council was informed by Dr. Gray that Dr. Chandler had retained Mr. Albert C. Wall, of Jersey City as counsel of the State Society.

Case of Dr. F. A. Shimer.

The Judicial Council presents the case of Dr. F. A. Shimer for the consideration of the Society at large, as it has an important bearing upon future medical defence.

Briefly the facts of the case are as follows:

Dr. F. A. Shimer, of Phillipsburg, N. J., availed himself of the medical defence offered by this Society. He was charged with criminal malpractice. His case was referred by the Judicial Council to Mr. Albert C. Wall, our legal adviser. After consultation with Dr. Shimer, Mr. Wall took up the matter of defending him with Judge William H. Morrow, of Belvidere, asking him whether he would be willing to undertake his defence and telling him that the Society's limit of expenditure in the trial court was $250. Judge Morrow replied that he would undertake the defence and Dr. Shimer was advised to call on him. This was on or about the 7th day of April, 1914.

On the day before the trial, (May 20, 1914), Mr. Morrow wrote to Dr. Shimer demanding a retainer of $500 from him exclusive of the sum of $250 allowed by the State Society. This letter Dr. Shimer did not receive until the morning of the first day of the trial (May 21, 1914.)

On the second day of the trial, after the prosecution had been closed and the defence was about to begin Mr. Morrow insisted upon the additional fee of $500 being paid forthwith or he would refuse to go on with the case. Having had no alternative, and in the temporary absence of any representative of the State Society to whom he could appeal, Dr. Shimer was compelled to pay over the amount demanded. Subsequently our counsel, Mr. Wall, sent us Judge Morrow's bill for $250 for the medical defence of Dr. Shimer. This bill the Judicial Council now presents to the State Society for its consideration, being of the opinion that it cannot undertake the responsibility of approving it for payment.

The council feels that Mr. Morrow was employed by the Medical Society of New Jersey through Mr. Wall and that he should have looked to the Society only for his remuneration, that his treatment of Dr. Shimer was unfair, if not unethical, and that he had ample time to make his demand upon the doctor without waiting until the day of the trial, thereby not giving him an opportunity to obtain other counsel.

It is a matter of vital importance to the Medical Society of New Jersey in the defence of its members that it should protect them properly. If a member of the Society is cared for in one way and allowed to be mulcted in another, then what confidence will its members have when it undertakes to defend them?

Unethical Advertising.

The council desires to direct the attention of the Medical Society of New Jersey to the unethical advertising now being conducted by some members of the medical profession through the medium of the press and popular magazines. Distorted and exaggerated accounts of medical and surgical topics intended to redound to the credit of certain physicians and surgeons are being spread broadcast throughout the land. Such articles mislead the public, arouse false hopes among incurables, leading to their exploitation by fakirs and charlatans, and shatter faith in medical science.

The council ventures to suggest that the Society devise some means whereby the public demand, if there is any, for medical information of general educational interest may be met by the organized profession in an ethical manner, either through the Society or a committee appointed by it.

The President: Gentlemen, you have heard the reports of the Chairman of the Judicial Council and Councilors, together with a supplementary report. What is your pleasure?

Dr. Guion: I move the reports be received and the recommendations adopted.

Dr. Ill moved an amendment that the Shimer case be taken before the Chief Justice. After discussion, Dr. F. D. Gray moved a substitute to Dr. Ill's motion that the whole report be referred back to the Judicial Council, for report at a later meeting.

Dr. Ill and his seconder accepted the substitute.

The President: Are you ready for the question on the substitute motion to refer the report back to the Judicial Council? Question. The substitute motion was carried.

The President: Now the question is on the original motion of Dr. Guion as amended by the substitute. Carried.

Dr. Iszard presented excuses for absence from annual meetings of the following permanent delegates:

For absence from the 1912 and 1913 meetings: Hudson County, Henry Spence.

For absence from the 1913 meeting: Atlantic County, E. C. Chew, Wm. Edgar Darnall, J. Addison Joy; Bergen County, G. Howard McFadden, James W. Proctor; Essex County, Henry L. Coit, Wells P. Eagleton, David E. English, Wm. H. Hicks, Jesse D. Lippincott, L. S. Hinckley, Joshua W. Read, George A. Van Wagenen, Elmer G. Wherry, Walter S. Washington, Chas. Young; Hudson County, Immanuel Pyle; Hunterdon County, George N. Best; Mercer County, Elmer Barwis; Middlesex County, J. G. Wilson; Monmouth County, D. E. Roberts; Passaic County, Wm. Flitcroft, C. H. Scribner; Union County, E. W. Hedges; Warren County, J. M. Reese.

For absence from the 1913 and 1914 meetings: Gloucester County, Edgar T. Oliphant.

For absence from the 1914 meeting: Essex County, Sarah R .Mead, Thos. W. Harvey, John F. Hagerty; Burlington County, J. Boone Wintersteen; Mercer County, J. C. Felty.

Dr. Chandler presented the following report of the Committee on Publication:

To the Medical Society of New Jersey:—

Since our last report the Society has changed its fiscal year and with it the Journal year. This change made volume X to consist of only seven numbers. The scope of this report will however coincide with that of previous years and extend from the last annual meeting to the present.

Our expenses during this past year have been as follows:

Orange Publishing Co.....	$2,103.85	
Gratutitous reprints.....	33.90	
Editor's salary and expenses	900.00	
Advertising commission.....	15.98	
Typewriting and assistance..	115.95	
Postage and stationery.....	57.57	
Miscellaneous	59.23	
	$3,286.48	$3,286.48

Our receipts have been as follows:

Advertisements	$1,205.42	
Special subscriptions	22.30	
Sales of Journals.....	4.75	
	$1,232.47	$1,232.47
Net cost of the Journal....		$2,054.01

This is just about the same cost as that of the past few years and not as much as it would cost to publish and distribute our proceedings in the form of the old "Transactions," especially when we consider that our Society is about 35 per cent larger than when we began to issue a journal.

The character of the journal has been well maintained and its value much increased by the faithful and capable efforts of our editor. It is surprising that every member of this Society should not also be a subscriber to its Journal. A very few have neglected this advantageous opportunity. They may regret this neglect should any one of them suddenly find himself a defendant in a suit for malpractice. For it must not be forgotten that no member of this Society, who is not also a subscriber to its Journal, is entitled to the benefits of our medical defence act.

We take this occasion to express our thanks to those who have remembered the advertising columns of our Journal. Some have had instruments for sale; some wished to sell their practice and locate elsewhere; some, managers of institutions, desiring assistant physicians, have made their wants known through our advertising columns. In these ways some of our members have presented their wants to the physicians of New Jersey and adjoining States, with benefit both to themselves and to this Society. If all of our members would make known their wants through our advertising columns and present their needs first to those who patronize our Journal, they would render a double assistance to this branch of the Society's work.

Respectfully submitted,
Wm. J. Chandler,
Edward J. Ill,
Committee.

On motion the report was accepted.

Dr. Costill presented the following report of the Committee on Hygiene and Legislation:

Trenton, N. J., June 27th, 1914.

To the President and Members
of the New Jersey State Medical Society:

The report of your Committee on Hygiene and Legislation submitted to you this year, will be an exceedingly brief one, and from the view point of the committee, a very unsatisfactory one. This was not a good year for medical legislation.

Your committee introduced two bills, one having for its object the increase in the preliminary educational requirement, with the addition of a hospital year.

The other merely inserting the word "diagnosis" in the definition of the practice of medicine.

The first of these bills, the one increasing the preliminary educational requirement was introduced by Dr. Carhart in the House. It was reported favorably by his committee, but met with sufficient opposition on the floor to prevent its receiving the required vote to pass.

The latter, defining the practise of medicine, was introduced by Dr. Barber in the Senate and was very ably supported by both him and Dr. Ramsey, and yet it merely succeeded in getting over the line and was lost in the House.

On the other hand, the Optometry bill passed both House and Senate in spite of all the opposition that we could bring to bear. A hearing on this bill was arranged by Dr. Ramsey with the Governor, but inspite of the protest of the profession, the Governor signed the bill. The deductions to be drawn from these failures are:

1. That under the present ruling of our court an individual is not recognized as practising medicine, unless he administers drugs, and with this condition existing, all sorts of isms and cisms from Christian Science, to chiropractics find our State an attractive field. These each have a circle of friends, and some influential, some of whom are in the legislature. The sum total of these influences is sufficient to make very hard sledding for any bill that will curtail in the least their sphere of activity.

2. The moment we attempt to increase the preliminary educational requirement, (which of course increases the time and expenses necessary to enter the practise of medicine) we at once meet with the opposition that we are endeavoring to exclude those of limited means, and to make medicine a rich man's profession. To the average legislator this appeals very strongly. More particularly should he have a brother or a son who is, or contemplates studying medicine. This is the age of commercialism and the medical profession in common with others is feeling its blighting influence.

It would seem from the foregoing that the only way we can hope to secure the legislation necessary to protect the general public as well as the profession, from the inroads of the illegal and irresponsible cults and to secure sufficient educational requirements that would make the profession of medicine less attractive to those of a commercial spirit, and to draw to it those of broader minds and higher motives, would be to organize a campaign of education. Each component society should take this subject up.

Articles should appear in the newspapers

of each community setting forth the exact position of the profession. A committee on legislation should be appointed in each Society whose duty it would be to co-operate with the State Legislative Committee. The results of the past few years and particularly the last year, have proven clearly to my mind that to rely upon the efforts of one individual to secure the legislation we should have from a legislature in which there are upwards of 1,200 bills introduced, is absolutely farcical.

Respectfully submitted,

Henry B. Costill, Chairman.

On motion the report was accepted.

Dr. Marcy reported for the Committee on Honorary Membership that no names for honorary membership had been presented to the committee.

Dr. Norton presented the report of the Special Committee on the Economic Welfare of the Medical Men of New Jersey, as follows:

Prosecution of Irregulars and Quacks.

There should be some way in this State to prosecute irregulars and quacks, but there isn't, owing to the apathy or opposition of our Prosecutors, Police Justices and other officials. In Trenton our County Society set aside one hundred dollars to prosecute some quacks. This is the result: A man who had been a helper in our asylum for awhile, advertised to do about everything. A trained nurse, by profession, whom we sent there as a detective found he wanted her to entirely disrobe and lie upon a table for a couple of hours with her feet in a pail of water. The doctor was to cover her up preparatory to treatment. Needless to say our detective balked at this part of the treatment and reported as I am giving it to you. She also obtained some medicine from the doctor. He displayed a sign and was arrested for using the word "Dr." or "doctor." (See section 8 of law.) He gave patients medicine and prescriptions, some of which were secured and his sign was taken to court. The case didn't seem to move, so a number of physicians went to see our Prosecutor to find out his line of action or inaction. Finally the case came to the Judge. He is a kind hearted man, and, in view of section 10 of our statute, "And be it enacted: That any person hereafter commencing or continuing the practice of medicine and surgery in any of its branches in this State without first having obtained and filed the license herein provided for or contrary to the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished for the first offence by a fine of not less than one hundred dollars or by imprisonment in the county jail for a period of not less than thirty days or by both fine and imprisonment, and for each subsequent offence the punishment shall be double that of the proceeding one; and it shall be the duty of the respective district attorneys of the counties of this State to prosecute violations of this provision of the act," sentenced the accused, Aug. 28th, 1914, to pay a fine of one dollar and costs, and paroled him. I saw his sign out recently within a few doors of the Judge's residence.

Next comes a professor from New York who had a large advertisement in one of our daily papers, (which thinks physicians should advertise), stating he would cure all kinds of deformities, infantile paralysis included. (See section 8-10). The Judge fined him one dollar; the same Judge, I think, that fined the first quack. There were two doctors on the Grand Jury that tried these cases.

Two women were next brought out (no doctors on Grand Jury this time). One of the women who gives electrical treatments of all kinds (see middle section 9) possessed a little battery costing about six dollars. She practised osteopathy without a license, prescribed and gave medicine, specimens of which were presented to the Grand Jury.

The other woman, of shady character, was also arrested on about the same charge. After trying all over town to get bail and being unable to secure same, she went to jail. Finally before trial day, I think, she was allowed to go out, without bail. Our inquiry availed us little; neither of these was convicted.

In all of these cases we employed an able lawyer to decide whether they were infractions of the law. Our Prosecutor would not permit him to take charge of the cases, but said he would. This was our experience.

A registered osteopath wrote me some time ago, asking if certain osteopaths were registered. I replied "No, and that if they were they would be registered with the County Clerk of his county. The records were searched and the County Clerk sent a sworn statement of non-registration to the Judge. The Judge would not accept it and said that he must have a sworn statement of the secretary of the State Examining Board. The gentleman stated that he could not get prosecutors or courts to help or take any interest. From my experience I have never seen but two prosecutors inclined to take any interest; viz, Senator Silzer of Middlesex County and Pierre Garvin of Hudson County. Silzer was always the doctors friend when a Senator.

I think, if we could, our State Society should follow the lead of the New York County Society: Secure able counsel, who with the aid of perhaps a county assistant would take charge of all these cases.

Why cannot the lawyer who has charge of this matter also act as counsel for the different County Societies in their efforts to arrest and convict quacks, and suppress sale of harmful and fradulent patent medicines. Many of these concerns could be brought up for false advertising, i. e., making untruthful claims of cure where it is known the medicine can not and does not cure.

Newspapers should, besides printing much news not fit to print, turn their attention to educating and protecting their readers, and they would be a great uplifting power if they would do so along medical lines, as is notably done by Colliers, the Ladies Home Journal, Philiadelphia Ledger, N. Y Tribune, Chicago Tribune and a few others. Most newspapers want or need the revenue derived from fake and fraudulent advertising, or they must be very ignorant to print the stuff they do. If newspapers get double rates for medical fake advertising, as I understand they do, they should be held up by the courts for defraud-

ing the public, stabbing their clients in the back.

Recently the Chicago Tribune put some reporters out to investigate the quack industry, and then published a series of articles exposing practically all the advertising quacks in the city. This created an intelligent public sentiment. Of course, the Tribune did only what would be expected of a newspaper in its class, but as physicians we should all give this class of papers our support. I think, newspaper men are good men, but they should either assure themselves of the truthfulness of their "ads" or frankly inform the public that they are not responsible for them. Suppose for a moment that the four thousand doctors of New Jersey, refused to read such tainted papers, and influenced their clients not to subscribe for the same, it seems to me some impression would be made.

Our State is particularly well situated and inviting to quacks from all over the country, much to the detriment, financial and otherwise, of our citizens, who together with our legislature should be educated to understand that the purpose of legislation and court prosecution is for protection of the people and not the medical men Practitioners can stand the harm done by fakers, but people are not always qualified to choose between legitimate practice of medicine and the faker class, especially when the courts do not take a firm stand in the matter. Dr Haynes, secretary of the North Carolina State Medical Board, says: "In dealing with any case of illegal practice the final appeal is to the jury. Every year the complaint is made that no jury will convict these men, which shows the helplessness of the Board in dealing with these cases." That is a fact and it is so in a great many other States. California does the same. According to the California State Medical Journal, they have tried these cases again and again with evidence which ought to be convincing to anybody, but the jury brings in a verdict of "not guilty," until they say it is impossoble to convict anybody under the act. Indiana, in the Journal for the last two months, has called attention to the deplorable condition of that State, its physicians have been appealed to for help, and they distinctly state that there is something wrong in the judiciary, or somewhere, that the act cannot be enforced."

A most proper, and in fact, a most beneficial exercise of this police power is found in the regulation of the practice of medicine. Laws regulating the practice of the healing art have been very generally sustained, with here and there an exception, one or two of which exceptions are pitiable exhibitions of stupidity or prejudice, or of both. It would seem that legislation looking to the prohibition of unskilled, ignorant or reckless persons undertaking to tamper with the life and health of human beings, ought to meet with universal and spontaneous approval and support; yet any one who has had any experience in trying to secure the enactment of effective medical regulation knows how difficult and almost impossible it is to convince the ordinary—very ordinary—legislator of the purpose and necessity of efficient supervision of the practice of medicine. For some reason or other, whenever legislation is proposed looking for the protection of the public against quacks, the charlatan and the confidence man, the legislature before which the proposal is pending is flooded and overwhelmed with appeals "to protect the liberty of the citizens"—by a horde of ignorant and pernicious, but loquacious and voluble defendents of the "medical profession."

After an experience of fifteen years in advocating before eight legislatures of the progressive and liberal State of Wisconsin reasonably effective, yet moderate, medical legislation, I am compelled to admit that not in a single instance could the passage of a medical practice act be secured without compromise, such compromise compelling the elimination of some important feature of the proposed act, and in each instance, greatly weakening the protection of the public that we sought to secure."

The preceding and following quoted letters explain themselves.

Dear brother Chiropractors:

From these instructions it appears that there is to be no compromise with the medical profession, especially "in the subjects in which the examination should be given." And it is further suggested "not to allow too many medical subjects to be added, for otherwise you will have to go to a medical school in order to pass the examination." It is also suggested that no attempt at legislation be made unless Chiropractics are strong enough in this State to accomplish something in this line. In these instructions we also find this: "If you are not strong and the medical body is letting you alone, that is, not prosecuting chiropactics and not trying to strengthen its position by making more stringent laws, just let well enough alone. If however, the medical men are prosecuting chiropractors, and are making themselves generally obnoxious, introduce your bill." Since prosecutions of chiropractors in Wisconsin have been frequent and quite uniformily successful, it appears that the necessity for introducing this bill exists in our State.

This State badly needs a practice act. I would suggest that a committee be appointed to consult the Governor, who is a fair minded man, and to ask his aid in drawing up such a bill, not "Medical Trust Bill" nor "Medical Freedom Bill," but after full discussion a bill which will at once protect the people and be fair to every cult that comes along.

H. G. Norton, Chairman,
Committee Economic Welfare.

Dr. Norton: I have some data from Dr. Haynes of Indiana, and some from other States, which I think it best not to read as I wish to have Mr. Dyer, assistant counsel of the New York Medical Society and of the King's County Medical Society, speak, and move that Mr. Dyer be given the privilege of the floor. Mr. Dyer was given the privilege, and discussed the report.

Mr. Dyer:

Mr. President and Gentlemen of the Medical Society of New Jersey:

I have listened with considerable interest to the excellent presentation of the subject by Dr. Norton. It seems to me that the question of

active and effective prosecution of persons charged with practicing medicine unlawfully should be taken up and discussed officially with the district attorneys of the several counties of New Jersey. A visit of a committee representing the Medical Society of the State of New Jersey would, in all probability, cause an active prosecuting interest in the public official, who may have a tendency to neglect his duty. The statute of the State of New Jersey requires prosecution by the District Attorney. It seems to me from the suggestion of Dr. Norton, that qualified counsel should see that evidence sufficient to justify prosecutions is presented to the District Attorney.

The field of medical quackery is indeed a wide one. During the past five years, in which I have been assisting Mr. Almuth C. Vandiver, counsel to the Medical Society of the County of New York, it has been my privilege to present to the courts of the State of New York cases involving the prosecution of:

Illegal practitioners of medicine; Pseudo physicians, unlicensed; Chiropractors; Mechano-Therapeutists; Magnetopaths; Hypnotists; Clairvoyants; Psychometrists; Mental healers; Faith healers; Persons pretending to practice the religious tenets of real and fictious churches; Naturopaths; Vitaopaths; Hydrotherapeutists; Unlicensed osteopaths; Methaphysicians; Therapeutic healers; Counter prescriptionists.

Persons attempting to practice medicine unlawfully assume some title which will make it impossible to state that they declared they were practicing medicine or that they represented themselves to be medical doctors. In a great majority of instances they seek to practice without the use of drugs. The extensive fraudulent practice of medicine is usually carried on under some form of incorporation. In many cases the corporation employs registered physicians, whose ethical standards are low, who give actual treatment to patients, either in person or through the mails.

Among these are:

Corporations illegally practicing and advertising the practice of medicine.

Corporations advertising obesity cures.

Corporations advertising rheumatic cures.

Corporations advertising drink cures.

Corporations advertising facial surgery.

Corporations advertising the cure of venereal diseases.

Corporations advertising the sale of mechanical devices as cure for physical conditions.

The courts of the State of New York have held that a corporation may neither practice medicine nor advertise to practice medicine. In New York State a corporation cannot employ a registered physician to treat patients applying for medical care. In some instances in New York individuals have sought to avoid responsibility in any way by filing what is known as a certificate of trade name, stating they intend to do business under such trade name or trade designation. In a recent case a Supreme Court Judge has held that a lay person so employing a registered physician under a certificate of trade name was practicing medicine unlawfully. From the foregoing description of the unlawful practice of medicine, the scope and variety of the work to be done by a successful prosecuting attorney can be judged.

In addition to the work outlined there is also the question of the practice of abortion by midwives and registered physicians and the sale and distribution of articles being or purporting to be the prevention of conception and the causing of unlawful abortion.

It seems to me that a successful prosecution of the unlicensed and illegal practitioners of medicine depends largely upon the credibility and reliability of detective agents employed for the purpose of obtaining evidence against medical malefactors.

In a great majority of instances the person, who has suffered as a result of illegal or unlicensed practice, is unwilling to publicly prosecute the offender.

Information is given concerning the illegal practice of medicine in many and devious ways. Investigation of the information by trained and trustworthy investigators is the best way, in my judgment to obtain evidence sufficient to justify the institution of prosecution and the obtaining of conviction. The question of detective evidence is one that always arouses some ethical discussion. However it seems to me that the public interest requires presentations of a great majority of cases involving violations of the medical practice acts upon testimony obtained by investigators. Personally I can see no reason whatever for any question of venality in an investigator, if the attorney selects his agents carefully and watches their work.

I believe that the physicians of the Medical Society of the county or district, as the case may be, should see that their locality is free from malefactors who pretend to relieve the suffering of men, women and children without the slightest regard for the results of their untrained and inefficient efforts.

Practitioners of Christian Science, Advanced New Thought healing, metaphysical healing and other forms of so-called religious and mental healing, should in my judgment be closely watched and subjected to vigorous prosecution. There seems to be no disease which these self constituted agents of divinity and self constituted superior mental beings do not consider themselves capable of curing by the unknown and unknowable means which they use or pretend to use. They undertake to treat for compensation without regard either for the condition of the patient or for the public or for statue law governing the practice of medicine. I take it that the rigid enforcement of the medical laws is a duty which the physician owes, not only to himeself as a physician, but which he owes primarly to the public.

Dr. F. D. Gray: I move that Dr. Norton's report be referred to the Committee on Legislation with instructions to report back at a later meeting.

The President: The motion to refer to the Legislative Committee is open for discussion.

Dr. R. H. Hunt: It has always seemed to me that an ideal settlement of this question is to allow the public to take this matter up and protect themselves against ille-

gal practitioners. We, as a profession, are always accused of selfish motives when we prosecute. In Essex County there has been formed by men, not members of the profession, a society for the suppression of vice. It is an organization of the business men of the county, and it has offered to do this work for the profession in the county; the County Society to pay a membership fee of $100 and $5 or $10 for the expense of cases prosecuted, the suppression society to do all the work and carry on the prosecution. In this way these cases are taken out of the profession's hands, and it seems to me as though it is a very happy solution of the problem.

Dr. Livengood: Mr. President, there is one feature of Dr. Norton's report which I think we ought not to let go by without some emphasis being placed upon it. I have been engaged in this work myself, and I know what it means. The law makes the illegal practice of medicine a criminal act, and imposes a fine and imprisonment for the first offense; a $100 fine and thirty days' imprisonment. Yet here is a case mentioned by Dr. Norton in which the grand jury found a true bill, and the petit jury a conviction, and the Judge, in absolute disregard of the law carrying a penalty of a $100 fine or thirty days' imprisonment, or both, lets the convicted man off with a $1 fine and a reprimand. If a man is found guilty of theft and the Judge should turn him out on the public again with a fine of $1 there would be a newspaper clamor, but when it is the case of a man being convicted of the illegal practice of medicine, nothing is said. Why? For the reason, as I have learned by a painful experience, that the general public, including the average newspaper, think we are not acting in a spirit of altruism and endeavoring to protect the public. This has also been the experience of the Chicago Medical Association. I recall reading in a report in the Journal of this Society of a number of convictions and in not one of them was the penalty enforced by the Judge. What we are going to do about it is a question. The only way that I can see for the profession to do is to educate the public and prove to it that we are not acting in a spirit of commercialism when we prosecute.

Dr. F. D. Gray: I only want to add a word. It occurs to me that we have had at this and at previous meetings a great deal of talk on this very important matter of medical economics, and then go home and forget all about it. What is everybody's business is nobody's business. I want to predict that the ultimate solution will be the establishment of a Bureau of Medical Economics, either within or without the State Society, with sufficient funds to accomplish something. This is a problem, which, if it is ever solved, needs money to employ the proper experts, if one may call them experts, to manage a bureau of this kind.

Dr. Guion moved as an amendment to Dr. Gray's motion that the Legislative Committee invite Mr. Dyer to meet with it. Both amendment and amended motion carried.

Dr. L. Y. Lippincott moved a vote of thanks to Mr. Dyer, which was carried.

Dr. Fisher reported for the Committee to Confer with the Essex County Committee on the Transportation and Care of the Insane, as follows:

As chairman of the committee to confer with the committee of the Essex County Medical Society on the detention and transportation of the insane I wish to report: I have visited the chairman of the Essex County committee and attended one of its meetings, but as yet have nothing definite to report to the State Society further than that I feel satisfactory progress has been made.

E. Moore Fisher, M. D.

Dr. Chandler, for the Committee on Revision of the Constitution and By-laws, reported the following amendments, which were adopted singly and as a whole.

AMENDMENTS TO CONSTITUTION AND BY-LAWS.

Proposed by the Committee on Revision.

CONSTITUTION.

Amendment A.

Art. IV, Sec. 3, 5th line (page 17), substitute comma for period and add, "and no vacancy by death shall be filled except in this manner." At the end of the next paragraph substitute comma for period and add, "all resignations of permanent delegates must be accepted by the Medical Society of New Jersey before a vacancy can be declared or filled."

Amendment B.

Page 20, Art. VII, Sec. 2, 3rd line, change "three" to "two."

Amendment C.

Page 21, Art. IX, Sec. 1, 5th line, change to read, "except the three vice-presidents, the treasurer and the recording secretary," etc.

Amendment D.

In Sec. 2 of this article make a corresponding change in the ninth line and read, "the three vice-presidents, the treasurer and the recording secretary," etc.

BY-LAWS.

Amendment A.

Chap. I, Sec. 5, 2nd line, strike out the word "produce" and insert the words "present to the committee on credentials" a certificate, etc.

Amendment B.

Add to Sec. 5 the following: "Permanent delegates shall present to the committee on credentials a ticket, signed by the recording secretary and bearing the seal of the Society and the signature of the delegate to whom it was issued; and no permanent delegate will be permitted to register or to sit as a member of the house of delegates without such ticket."

Amendment C.

Chap. III, Sec. 5, 5th line, strike out the word "transactions" and substitute the words "Journal of the Medical Society of New Jersey."

Amendment D.

Chap. VI, Sec. 4, 7th line, strike out the words "the respective donor" and substitute the words "each donor."

Amendment E.

Chap. VI, Sec. 5, 32nd page, 3rd and 4th lines, change to read as follows, "and to act for the Society whenever opportunity offers or necessity requires;" to keep, etc.

Amendment F.

Art. VIII, Sec. 3, change the first two sentences to read as follows: "The judicial council of the Medical Society of New Jersey shall hold sessions at such times as necessity or convenience may require, subject to the call of the chairman or upon the petition of three councilors. It shall meet soon after the election to reorganize and to outline the work for the ensuing year."

Amendment G.

Art. IX, Sec. 1, to be changed as follows: "The standing committees shall be as follows: (a) To be elected: Arrangements, Program, Nominations, Scientific Work, Legislation, Publication, Public Hygiene and Sanitation. (b) To be appointed: Credentials, Business, Honorary Membership, Public Health Education.

Amendment H

Cap. IX, Sec. 5, 2nd paragraph, in last two lines change "thirty days" to "six weeks."

Amendment I.

Chap. IX, Sec. 5. Add to the section the following: "It shall be the duty of this committee to acquaint all writers (invited, or applying to present papers) with the conditions attending the presentation of papers to the Society.

Amendment J.

Chap. IX, Sec. 6. Change title and strike out words "hygienic and" in the 6th line; in the 7th line after the word "delegates" insert "keep informed as to all medical legislation introduced into the Legislature." In the 10th line of this section 6, strike out the word "reporter" and insert the words, "legislative committee."

Amendment K.

Chap. IX, Sec. 7. Strike out the first sentence and substitute: "The committee on publication shall consist of five members—three elective and two (the editor and the recording secretary) ex-officio. After the first year one of the elective members shall be elected annually to serve for three years."

Amendment L.

In the next two sentences of this section strike out the word "transactions" and insert the words "Journal of the Medical Society of New Jersey."

Amendment M.

Add to Chap. IX a new section, as follows: "Sec. 8. The committee on public hygiene and sanitation shall be composed of six members. After the first year two members shall be elected annually to serve for three years. This committee shall have charge of all matters referred to it by the house of delegates, shall consider the general health conditions of the State and all measures for the betterment of health administration through boards of health, boards of education, or other organizations, shall advise with the committee on legislation in reference to bills in the Legislature relating to hygiene and sanitation, shall cooperate with other hygienic and sanitary associations or meetings in the State, and shall render an annual report to the house of delegates."

Amendment N.

Chap. X. Add a new section as follows: "Sec. 4. The committee on public health education shall be composed of six members, three of whom shall be women physicians. This committee shall elect its chairman and shall institute and carry on the work of education of the public in matters pertaining to health and hygiene, shall co-operate with committees of like character in the component societies and with the council of public health education of the American Medical Association, and shall render a report annually to the house of delegates."

Amendment O.

Chap. XII, Sec. 1, 2nd paragraph. Strike out the first two lines and substitute the following: "On the first day of March in each year" the treasurer, etc.

Amendment P.

In the next paragraph, 3rd line, after the word "new" insert the words "or reinstated."

Dr. Chandler then presented the following amendments to the Medical Defense Act, which on motion were adopted:

Amendments to the Medical Defense Act of the Medical Society of New Jersey.

Strike out Sec. 2 and substitute the following: "That the Medical Society of New Jersey shall annually select as counsel some well known lawyer in the State of New Jersey qualified to act as such, and retain his services at a proper fee."

Change Sec. 4 to read as follows: "That the defense be carried out on the following lines: Every member of the Medical Society of New Jersey, who has paid, on or before March 1st, all dues, assessments and other charges assessed or levied by the Medical Society of New Jersey for the current year, and who is also a full paid subscriber to the Journal of the Medical Society of New Jersey, and all new or reinstated members, who have promptly paid their dues, assessments, etc., including their subscription to the Journal of the Society, shall be entitled to receive, without expense, upon application therefor, the services of an attorney and counselor at law in any action for malpractice brought against such member in any court within the State of New Jersey, on the following conditions, and not otherwise:

"First—New or reinstated members shall not

be entitled to defense by the Society for any alleged malpractice antedating their election or reinstatement.

"Second—Any member desiring to apply for malpractice defense hereby provided, shall immediately upon receipt thereof send to the Secretary of the Medical Society of New Jersey any letter, process of court or other evidence of threatened litigation in connection with such malpractice case.

"Third—It shall be the duty of the Secretary to forthwith examine the financial records of the Medical Society of New Jersey, and if such member so applying is found to have paid all arrears, dues or other charges due the Medical Society of New Jersey for the current year, including the subscription to the Journal of the Medical Society of New Jersey, he shall certify these facts to the councilor of the district in which the applicant resides and forthwith send to said councilor the papers received from the applicant for defense, together with a blank form of application for malpractice defense. The said councilor shall then forward the application blank to the applicant, who shall have the same duly executed and return it to the councilor with a full, accurate and complete history of his treatment of the case of which the alleged malpractice arose, giving dates, names of witnesses, nurses and other attendants. These papers shall be submitted to the attorney of the Med. So. N. J. for examination and opinion. If he advises that the case is legally defensible, the councilor shall then submit the matter to the Judicial Council and after their approval shall request the attorney of the Society to proceed with the defense of the applicant. If the attorney for the Society decides that the case is not legally defensible, the councilor shall so report to the Judicial Council and through them have all the papers and the attorney's opinion forwarded to the applicant. The fee to cover the expense of the defense in the trial court shall not exceed two hundred and fifty dollars. If the case is carried to a higher court the amount which the Council may expend in such further defense shall be fixed by the Board of Trustees."

The following resolution was approved by the Society at its last meeting and was recommended as an addition to the Medical Defense Act:

"Fifth—Any members of the Society who may carry liability or indemnity insurance, and who may elect to be defended by their insurance company, are still entitled to and should receive the moral support of the Medical Society of New Jersey, collectively and individually."

Dr. Chandler: There is one more detail in reference to the revised constitution and by-laws. I move that they be published, by the Committee on Publication, as a supplement to the Journal, and make this motion because to print them in pamphlet form and send to the members will cost about $35. By publishing them as a supplement the cost will be much less, and those wishing copies can write to the Secretary.

Dr. Thomas N. Gray: If left to the desire of members there will be but very few copies requested. A Society with the dignity and standing of this ought to place a copy of the constitution and by-laws in every member's hand. The paltry sum of $35 ought not to be allowed to stand in the way of so doing, and I move an amendment that the constitution and by-laws, as revised, be printed in convenient pamphlet form and a copy be sent to each member of the Society. The amendment and the motion as amended were carried.

Dr. Schauffler, for the Committee on Medical Inspection of Schools, said that he had understood that this committee had been merged into the Committee on Hygiene and Legislation, and so had no report to make.

The President: The next report is that of the Committee to Consider the Health Laws of New Jersey. Is any member of this committee present?

Dr. McLaughlin: I am a member of the committee, but I think the report should be postponed until the written report can be presented by Dr. Dickinson. I move that it be so deferred. Carried.

Dr. Corwin, for the Committee on Officers' Salaries, reported as follows: This committee considered this subject carefully and find that the Recording Secretary, particularly, does a large amount of work, which the size and interests of the Society demands, and in their opinion it is not creditable to the Society to ask a member to give so much of his time to its work without some recognition. The committee, therefore, recommends an annual salary of $300 to the Recording Secretary, not as remuneration for the work done, but as some recognition of it, and further recommends that this sum be in addition to the necessary expenses of the office. The report of the committee, with its recommendations, was adopted.

Dr. David C. English: The Committee on Prize Essay is delayed in making its report by the non-arrival of one of its members. We will present the report, if the absent member arrives in time, at to-morrow afternoon's meeting.

There being no business under the order "unfinished business," the meeting proceeded to miscellaneous business.

The Secretary read three communications from the Monmouth County Society—one in reference to the Society paying $500 for the defense of Dr. Reginald S. Bennett in two trials of a malpractice suit, the second made necessary by a mistrial in the first; another containing charges of uneth-

ical conduct, in connection with these trials, against a member of another County Society; the third in reference to the unchecked sale and use of habit-forming drugs. On motion the first was referred to the Judicial Council, the second to the Essex County Medical Society, and the third to the Committee on Hygiene and Legislation.

On motion Dr. Ralph H. Hunt was elected a delegate to fill a vacancy in the Essex County Society.

Dr. Halsey presented this resolution: That the President appoint a committee of six to investigate the question of the care of mental defectives, to report at the next annual meeting. Adopted.

Dr. David C. English moved that a committee of five be appointed by the President, at his convenience, to consider the proper celebration of the 150th annual meeting of the Society, and that it present a preliminary report at the 1915 annual meeting, and spoke to the motion as follows: This matter has been on my mind for some time, and yesterday I received a letter from Dr. E. J. Marsh, also suggesting a special celebration. Such a celebration is worthy deliberate consideration and therefore it is not too early to appoint the necessary committee. Carried.*

On motion of Dr. English the Acting President and Recording Secretary were added to the committee.

Dr. Halsey moved the following resolution:

Resolved: That the chair appoint a committee of three to act with the Committee on Legislation, as an advisory committee to develope a plan of education throughout the State in matters of legislation, and the profession's reasons for asking for certain legislation, and for opposing certain other legislation.

Carried.**

Dr. Chandler: Why cannot the Legislative Committee do this work?

Dr. F. D. Gray: The larger the committee is made, the less effective work it does, as a rule.

On a call for the question the motion was carried.

The President presented the regrets of Mr. Calvin N. Kendall for his inability, because of illness, to be present at the annual banquet, and a request from him for the endorsement of a set of rules and regulations concerning the isolation and exclusion of children from school, in the presence of the various communicable diseases, with the statement that any amendments to these rules would be welcomed. On motion the rules and regulations were referred to the Judicial Council.

On motion the House of Delegates adjourned to 2:30 P. M.

June 29th, 1914.

2:30 P. M.

MEETING OF THE HOUSE OF DELEGATES.

The Secretary announced the reception of the credentials of Dr. Alexander Armstrong as a delegate from the Medical Society of Pennsylvania, and on motion he was given the privilege of the floor.

Rev. Dr. John Y. Dobbins then gave the invocation, after which the President introduced Mayor Brown of Spring Lake, who delivered the address of welcome.

Mayor Brown: Mr. President, Ladies and Gentlemen of the Medical Society of New Jersey—I am quite sure I am correct in this title. As Mayor of this municipality I wish to extend to you a most hearty welcome to Spring Lake. As I understand you have been coming here continuously for four or five years. This we consider an honor, and of advantage to us, for I would rather have you gentlemen with us, the medical profession of New Jersey, than any other profession. I have never had much occasion to ask the advice of a physician, and I hope I never will have, but I think we all are more apt to listen to and be guided by what the physician tells us than by what any other man in any other profession with whom we come in contact hence I think that we feel honored that you have thought well enough of us to come here so continuously, and we hope you may come for many more years.

This hotel will extend to you every possible courtesy and comfort, and I hope you will enjoy every hour of your visit. I hope it will really be more pleasant this year than it has ever been before. That, I know is the wish of the management of the hotel as well as of the citizens of the town.

I am impressed with one fact—I have no set speech, as I did not know I was to come until fifteen minutes before the opening of this meeting—I am struck with the husky and splendidly healthy appearance of all you gentlemen. I can't help but wonder whether you take your own medicine. (Laughter.) But, gentlemen, I won't detain you longer. I will only say again, we

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*The President appointed on this committee David C. English, E. J. Marsh, Edward Guion, Alexander Marcy, Jr., B. V. D. Hedges

**The President appointed the following on this committee: George T. Tracy, Henry Spence, James Hunter, Jr.

are proud and delighted to have you with us, and repeat that we hope you will come next year and every year for all time to come. (Applause.)

The Secretary then announced the members of the Nominating Committee.

Under the head of unfinished business the President called for the report of the Special Committee on the Health Laws of the State, and Dr. Dickinson presented this report:

June 23rd, 1914.

To the President and Members,
Medical Society of New Jersey.

Gentlemen:—

Your committee appointed to make recommendations in relation to the desired changes in the State Health Law beg to report as follows:

The committee as organized at the 1912 meeting of the Society consisted of but five members. In 1913 it was increased to ten, all of whom showed active interest and the large majority succeeded in attending all meetings. There were several matters that had to be discussed before any progress could be made. The first, whether the changes requested in the first report in any way conflicted with the State Constitution. A letter was addressed under date of June 30th to Mr. Edmund Wilson, Attorney-General, who replied to the effect that as your committee was not an official one he was unable to make answer.

This seemed to lead to the necessity for special counsel. Your committee was informed that the State Society had such in Mr. Albert E. Wall. Mr. Wall was communicated with, and replied that he had not been retained.

Your committee then communicated with the President of the Society asking if they had the power to obtain a counselor to be paid for by the Society. This request was referred to the Board of Trustees, according to letter of Dr. Hollingshead under date of September 26.

No counsel being granted, your committee had to proceed according to the best of their ability in bringing out a report.

At this time the committee became acquainted with the work of the State Commission on Economy and Efficiency, of which Mr. John F. Murray was the employed counselor Your committee discovered that they were investigating the efficiency of the State Board of Health and that Mr. Murray had outlined a bill to be presented at the coming meeting of the legislature. Through his courtesy some of your committee were allowed to see his draft and to discuss same with him. Much to their pleasure they found that his ideas were similar to those of the committee, but that his recommendations did not proceed as far as the committee's, the difference being that his act would request that there be a Commissioner of Health with a council of ten, said commissioner to work out his own problems as occasion would arise. Your committee's plan was to dictate in detail in the legislative bill the duties of said Health Commissioner. The plan of the Commission on Economy and Efficiency was simpler and more sensible, consequently your committee decided they had better stand by the act to be presented by said commission and do all in their power to urge its passage.

Yours respectfully,
Gordon K. Dickinson, Chairman,

Dr. Guion: I move the report be received and the committee discharged.

The President: Any discussion?

Dr. F. D. Gray: Mr. President, only this: I notice the report did not state that the bill fell by the wayside, but I believe the majority of the committee feel that a bill along the lines of this one will serve us best. This bill is, of course, still in existence and is available if we want to push it.

Dr. Fisher: I move to amend to continue the committee another year. Seconded.

Dr. Dickinson: I would like to say this: A committee with the work to do which this committee has had, with no money, is a useless committee. Mr. Albert Wall will not do this kind of work for the State Society under the retaining fee given him. I have spoken to two or three lawyers, and they say the work is worth at the very least $250. If you wish to accomplish anything of this kind you must expect to have to pay something. Knowing this, and believing that having started to better the health laws of the State, we ought not to fall down: if you are going to continue this committee, start right and give it some money.

Dr. F. D. Gray: If the committee has practically agreed this is the best form of bill we can urge, what is the use of paying anyone for drawing another bill?

Dr. Schauffler: I think we ought to take this bill in its present form and push it this winter. If we believe in this bill, and I think we do, let us take it and push it; but to do this, what Dr. Dickinson says is so—no work can be accomplished by this committee unless it has some funds.

Dr. David C. English: I agree with what Dr. Schauffler has said as to the necessity of funds; but Mr. Wall was not retained for medical defense alone; he was retained as the counsel of the Society, and it seems as though when the Society requires a legal gentleman it has a right to call upon him. Mr. Wall has shown himself ready to serve the Medical Society of New Jersey when he has been consulted on subjects other than that of defense. I think, as he has been retained, it is possible he would serve us now in this matter though not without proper compensation.

About this bill; I was in favor of it and voted for it after hearing Mr. Murray read it, but, like every one, I have the privilege

of changing my mind. It is one thing to hear a bill read, and a totally different one to read it carefully and to give it study; and such study sometimes leads to a change in opinion. I got, from several of our members in Trenton, an opinion on this bill, and it was that it is not acceptable to the medical men in that city. The bill provides for the appointment of a Commissioner of Health at a salary of $7,000, and makes him subject to the Board of Health, under which he would really serve. It does not clothe him with the power which I believe necessary. I do believe we should have a bill on the line of the splendid ones in New York and Pennsylvania, which give the commissioner great power. A man appointed under the provisions of the bill we are discussing ought not to have a salary of more than $3,500 or $4,000. A Commissioner of Health who is really clothed with power such as has been given in other States should get $7,000. I found the sentiments I have expressed to be held by a good many medical men I have talked with, and I would like to hear from Dr. Costill, Chairman of the Legislative Committee, as to the feeling in the Legislature and among medical men, as to the merits of this bill.

The President: Dr. Costill is not in the room.

Dr. G. E. McLaughlin: As a member of the committee I feel very much as Dr. English has expressed himself; that this bill is not the best bill for the purpose, and in view of this and of the fact that Dr. Dickinson has said Mr. Wall will not do the work, I think it is decidedly important that if the committee is to be continued another year it should have some money. As I see things now it will mean quite a new bill; perhaps some features of the present bill may be adopted, but in the main part it will mean a new bill, and if the committee is continued it will need efficient legal help and the expenditure of money. Since Mr. Wall has refused to do the work necessary for the retaining fee allowed by the Society, I hope the delegates will vote a proper amount of money to enable effective work to be done.

Dr. Halsey: As a member of your Committee on Legislation, I would like to say that when matters of legislation have been referred to this committee, they have been carfully looked after. It seems to me that the appointing of a special committee to do the necessary legislative work on this bill was a mistake. It is all right to have a special committee to study the subject and to report a proposed bill to the Society, bu then it should have been referred to th Legislative Committee for pushing throug the Legislature. Now from my own stand point, and from what I gathered at Tren ton, this bill was full of bad ideas, and doe not meet the requirements as brought ou in the discussion in the meeting of the So ciety. Further, it was common repor around the State House last winter that th bill was introduced to be defeated. It i in my judgment a bad bill, and before an other bill for the reorganization of th Board of Health is presented to the Legis lature, the subject ought to be more thor oughly thrashed out, and this should b done by the Committee on Legislation. I feel that the Board of Health is trying har to do conscientious work, and I should hav great hesitancy in supporting any bill whic will not radically improve on the work it i doing.

Dr. Dickinson read the following lette from Mr. Wall:

Dr. G. K. Dickinson,

280 Montgomery street, Jersey City.

Dear Doctor:

I went over the papers you handed me i the matter of the proposed change in th health law.

If the committee acted on the rather meagr synopsis of the existing law which I foun among the papers, I think they did not hav the situation sufficiently before them. I pro cured from Trenton a copy of the existin statutes of a general character, including las year; also the report of the State Board o Health for 1911. I should think it would b very much better for the committee to ex amine the existing law and see what change are necessary to accomplish the results whic you consider vital. Any attempt to sweep i all away and substitute an entirely new statut drawn on the New York model, will raise un necessary opposition and cause just criticism

It is impossible for me to give the neces sary time to the drafting of a comprehensive statute based on the New York model which would meet the requirements of the New Jer sey law.

I rturn the papers you handed me and th copies of the laws, etc., procured from Tren ton.

Yours very truly,

Albert C. Wall.

The President: Anything further, gentlemen? The whole subject seems to be i a congested state.

The Secretary: The motion before th house is that this report be received and th committee discharged. Dr. Fisher's amendment that the committee be continued wa seconded, and you have been discussin under this amendment, and the questio now is on this amendment.

The President: Are you ready for the question? Amendment lost.

Dr. Dickinson moved an amendment that the report be referred to the Committee on Legislation. Motion seconded by Dr. Lippincott. An amendment was offered that the Committee on Legislation be authorized to spend not over $250.

Dr. Costill: I was not present during the discussion, but I understand that the motion to continue this special committee was lost, and motion is that the report be referred to the Committee on Legislation, of which I have the honor to be chairman, with now an amendment that funds be placed at the disposal of this committee. I would like to say that if anything is to be accomplished in drafting a bill which will meet the ideas of the profession, and get by the politicians in the Legislature, it is going to take some money. It it almost impossible for your Legislative Committee, or any other committee, working without a secretary or legal advice, to get a bill in shape and have it enacted into legislation without means, and I hope the motion to refer to the Committee on Legislation will not pass without the amendment.

The President: The amendment is that the Legislative Committee be authorized to spend not more than $250. Are you ready for the question? Amendment carried.

The President: Are you ready for the question on the motion to refer the report, as amended? Motion carried.

On motion the sincere thanks of the Society were given to Dr. Dickinson for the work he had done as Chairman of the committee.

The President: The time having arrived for the general session, the House of Delegates stands adjourned until its next stated time on the program.

3:30 P. M.

GENERAL SESSION.

JOINT MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY AND THE NEW JERSEY PEDIATRIC SOCIETY.

THE CONSERVATION OF CHILD LIFE
(Presidential Address)
Martin J. Synnott, Montclair.

Discussed by Henry L. Coit.

ORATION IN SURGERY
Prof. John B. Deaver, Philadelphia.

Discussion by Damon B. Pfeiffer and Lewellys F. Barker.

THE PRESERVATION OF THE BREAST MILK.
Margaret Brewster, Grantwood.

Read by title.

THE INFANCY OF MIGRAINE AND ARTERIOSCLROSIS
David E. English, Summit.

Discussed by B. V. D. Hedges.

TREATMENT OF PURTUSSIS
Charles H. Finke, Jersey City.

Discussed by G. E. McLoughlin, H. L. Coit and E. E. Worl.

A RECOVERY FROM TUBERCULOUS MENINGITIS.
Palmer A. Potter, East Orange.

Discussed by F. W. Pinneo and A. F. Jaffin.

THE SCHOOL AND THE DOCTOR.—YESTERDAY, TO-DAY, TO-MORROW.
Henry E. Jenkins, B. S., L. L. B., Dist. Supt. Schools, N. Y. City.

Discussed by Elmer G. Wherry.

8:15 P. M.

GENERAL SESSION

ANNUAL ADDRESS BY THE PRESIDENT
Enoch Hollingshead, Pemberton.

ORATION IN MEDICINE
Prof. Lewellys F. Barker, Baltimore.

ENTEROPTOSIS
Sidney A. Twinch, Newark

Read by title.

ROENTGEN DIAGNOSIS OF STOMACH AND INTESTINES
Charles Frederick Baker, Newark.

DIAGNOSIS AND TREATMENT OF GENERAL PARESIS
Henry A. Cotton, Trenton.

Discussed by Otto Lowy, Lewellys F. Barker, C. C. Beling, Henry B. Costill and F. H. Thorne.

SOME OF THE HISTOLOGICAL CHANGES FOUND IN TABES DORSALIS
Frederick H. Thorne, Greystone Park.

Discussed by Britton D. Evans.

June 30th, 1914.

9:00 A. M.

GENERAL SESSION

SYMPOSIUM ON HOSPITALS

HOSPITALS AND THEIR SUPERINTENDENTS
Gordon K. Dickinson, Jersey City.

THE HOSPITAL AND THE PHYSICIAN
Edward J. Ill, Newark.

THE EFFICIENCY OF HOSPITAL SERVICE
Emery Marvel, Atlantic City.

THE HOSPITAL AND ITS NURSES
John C. McCoy, Paterson.

THE STANDING ORDER EVIL IN HOSPITALS FROM A SURGICAL VIEWPOINT

Francis H. Glazebrook, Morristown.

The President announced discussion on the first four papers.

Discussion by Alexander Marcy, Charles A. Rosenwasser, E. E. Worl, John H. Bradshaw, N. L. Wilson, P. A. Harris, W. B. Johnson, William J. Chandler. Discussion closed by G. K. Dickinson, E. J. Ill, Emery Marvel, John C. McCoy.

Discussion on "The Standing Order Evil in Hospitals from a Surgical Viewpoint" by Alexander Marcy, Jr., W. B. Johnson, T. Y. Sutphen, John C. McCoy, G. K. Dickinson and F. W. Pinneo. Discussion closed by F. H. Glazebrook.

A CASE OF THROMBOTIC ABSCESS OF THE INTERNAL CAPSULE OF THE BRAIN; OPERATION; COMPLETE RECOVERY

Wells P. Eagleton, Newark.

Discussion by W. B. Johnson, William Leszynsky. Closed by Wells P. Eagleton.

MUCOUS COLITIS, A DISCUSSION OF THE CONDITION, WITH REFERENCE MORE PARTICULARLY TO ITS ETIOLOGY AND TREATMENT

David A. Kraker, Newark.

Discussion by W. Blair Stewart; closed by D. A. Kraker.

On motion, Dr. Faison's paper on "Diverticulitis" was postponed to the afternoon session and the session adjourned at 12:50.

June 30th, 1914.

2:30 P. M.

HOUSE OF DELEGATES.

The President convened the meeting at 2:15 P. M.

The President: We will first have the report of the Nominating Committee. Dr. Stout, Secretary of the Nominating Committee, presented the following nominations and recommendations:

Nominations.

President—Frank D. Gray.
First Vice-President—William J. Chandler.
Second Vice-President—Philip Marvel.
Third Vice-President—William G. Schauffler.
Treasurer—Archibald Mercer.
Corresponding Secretary—Harry A. Stout.
Recording Secretary—Thomas N. Gray.
Councillors—Christopher C. Beling, First District; Robert M. Curts, Second District; W. A. Clark, Third District; Wm. H. Iszard, Fourth District; James Hunter, Jr., Fifth District.
Publication Committee—Edward J. Ill, Wm. J. Chandler, August A. Strasser.
Scientific Work—George N. J. Somers.
Program—George E. McLaughlin.
Legislation—Henry B. Costill, Thomas H. MacKenzie.
Delegate to A. M. A.—William S. Lalor.
Alternate—T. R. Chambers.
Place of Meeting—Spring Lake.
Committee on Arrangements—Wm. G. Schauffler, Henry Mitchell, Edwin Field, Samuel R. Knight.

Recommendations.

That authority be given to President and Secretary to issue credentials to members of the Medical Society of New Jersey desiring to attend any meetings of other State's societies.

That article VI. of the Constitution be amended by adding the words, Corresponding Secretary.

It was moved, seconded and carried, that the report of the nominating committee be received and the Secretary be instructed to cast one ballot for the gentlemen nominated, which was done.

Dr. Chandler: Mr. President, one thing which has been omitted is the terms of the Publication Committee; they should have been nominated, one for one year; one for two years, and one for three years. If you take them in the order in which you name them they can go on in that way, the first one, three years; the second, two years, and the third, one year.

Dr. Stout: I would state that on the program, as printed, all the terms expire with the year.

Dr. Chandler: I would reply to that, that is so, but we changed the by-laws yesterday, which change makes the Publication Committee to consist of three elective members and two members additional, ex-officio, the Secretary and the Editor, and the three elective members to be elected one for one year one for two years and one for three years, but those elected may serve in the order in which they are named for three, two and one year.

I would move then that they be qualified in the order in which they were named; I don't remember what the order was; the first for three years, the second for two years and the third for one year.

The President: The motion before the the house is that Dr. Ill be nominated for three years, Dr. Chandler for two years and Dr. Strasser for one year.

Motion seconded and carried.

The President: The unfinished business is now in order. The Secretary then presented the following report from the delegate to the Moving Picture Commission of New Jersey, Dr. Jacobson said:

The Moving Picture Commission of New Jersey originated in a movement by the moving picture operators to prevent "strike legisla-

tion." The operators consulted with the Public Welfare Committee of Essex County and a plan was sanctioned whereby that committee eventually organized the present commission. This commission is composed of delegates of prominent State organizations representing the scientific, religious, social and business interests involved.

Following its organization the commission requested briefs by the several interests. That presented by your representative was as follows:

"This commission should demand and should see that Ideals and not the Dollar create the conditions under which moving picture exhibitions are presented to the public. If the traffic cannot stand the expense of the ideal requirements, then educational institutions should assume control of these exhibitions. The history of the drama should teach the danger of catering to the dollar interests rather than the artistic and educational.

"There are no inherent hygienic evils. A proper degree of cleanliness places the assemblage on a par with other public assemblages. There should be:

(a) Admission and circulation of fresh air in accordance with recognized requirements.

(b) Admission of sunlight during the intervals of the performance. The more indirect the light the longer the period of such admission.

(c) Vacuum cleaning daily.

(d) Immediate removal of all fly breeding detritus.

(e) Proper toilet facilities.

"A proper hygiene of the eye requires:

(a) Diverting side lights to be avoided.

(b) Irregular splotches of light should not be presented on the screen.

(c) Each succeeding picture must exactly fit the frame of the preceeding picture.

(d) Pictures should be passed onto the screen at a rate to give practically a continuous effect on the retina, yet not so fast as to blur that effect.

(e) The picture must have a clear cut focus.

(f) The auditor must not sit so close to the picture that his accommodation is taxed.

"Properly arranged pictures (as above) cannot injure a healthy eye which is properly refracted. (The subject of proper refraction is of increasing importance in our growing civilization and should receive attention from public welfare organizations).

"To obtain hygiene and to avoid accidents, such as those caused by badly placed steps and other obstructions, by fire and by failure to flood the place with daylight in case of panic, a means of enforcing constant intelligent supervision rather than automatic supervision must be provided."

After numerous conferences of the commission and its sub-committees a bill was drawn and presented to the legislature. The bill was admittedly incomplete and its passage was not urged.

F. C. Jacobson.

The President: You have heard the report. What is your pleasure?

The motion was made, seconded and carried that the above report be received.

Dr. Thomas N. Gray: Mr. Chairman, would it not be a good idea for the Society to continue Dr. Jacobson as the representative of this Society as delegate to that Commission? He was only appointed for one year. I think the matter is of such importance, as is evident from this report, which Dr. Jacobson presents, and the bill being incomplete, I think it exceedingly unwise for this House of Delegates not to appoint Dr. Jacobson for another year to this Commission.

The motion was made, seconded and carried that Dr. Jacobson be appointed for another year.

Dr. Hunter presented the following report from the Judicial Council:

June 30, 1914.

The Judicial Council reconvened to consider three matters referred to it by the State Society at its morning session, June 29th, namely, 1—charges of unethical conduct made against Dr. L. S. Hinckley, by the Monmouth County Society. 2—The request of the Monmouth County Society to reimburse Dr. Bennett to the extent of five hundred dollars for medical defence. 3—The question of indorsement of rules and regulation concerning the isolation and exclusion of school children suffering from communicable diseases.

They were disposed of by the following motions: 1—Moved that it is the sense of the Judicial Council that the Monmouth County Society should place before the Judicial Council the necessary data to sustain their charge of unethical conduct upon the part of Dr. L. S. Hinckley, after which the council will be glad to hear from Dr. Hinckley, and they will then be in a position to render an opinion. 2—Bennett reimbursement matter. Moved that the council reiterate its recommendations in the matter of reimbursing Dr. Bennett to the amount of five hundred dollars as suggested in the special report of the Judicial Council given at the morning session. 3—The matter of endorsement of rules and regulations for exclusion of school pupils, etc. The Judicial Council would recommend that in view of the importance of the rules and regulations concerning the isolation and exclusion of school children suffering from communicable diseases, the matter should have careful investigation by a committee appointed by the Society before we can intelligently endorse the same. The time allotted to the Council is too brief to consider the subject. In regard to the Shimer case: That the matter of counsel for, and the ethics of Judge Morrow may be settled without any undue delay, the Judicial Council requests more definite instructions and authority from the State Society.

Dr. Reading: The report contains three or four entirely different matters and I move the report be received and recommendations taken up seriatim. Seconded.

The President: Did any one second Dr. Reading's motion that the recommendations of the Judicial Council be taken up seriatim?

The Secretary: Yes.

The President: It has been moved and seconded that the report be taken up and acted upon, as amended by Dr. Reading. All in favor should so signify by saying aye.

The motion was carried.

Dr. Schauffler: In the matter of the isolation and exclusion of school children, would it be possible to give the Judicial Council or whatever committee it is referred to, power to act? The request is made that the State Society sanction the work that is being done by the Educational Department and it is rather necessary that either that sanction be given soon or not at all because of the publication of the text book of instructions in the matter of school hygiene; therefore I would like to suggest that this matter be left with the committee with power to act, if possible.

Dr. Johnson: The point is that the communication from the State Board of Education was referred to the Judicial Council and later to the Business Committee. I am the Chairman of the Business Committee and I thought I might make a temporary report at this session and then, perhaps, later, I might be able to find out what the situation is in relation to the matter, so that I can report with some sort of credit to the Society and myself.

Dr. Hunter: Now, gentlemen, the charges of unethical conduct against Dr. Hinckley. It is an echo of the Bennett trial in which he testified for the plaintiff. Now the Monmouth County Society has failed up to this time, to place any positive data before the Council and Dr. Hinckley himself has not been before the Council, so the Council is not in any position to act definitely in the matter and asks instructions.

The President: Has the Society any further instructions?

It was moved that the complaint be referred back to the Monmouth County Society for further data.

The President: It has been moved and seconded that the report be referred back to the Monmouth County Society. All in favor will so signify by saying aye.

The President: The motion is adopted.

Dr. Hunter: The second proposition is the request to reimburse Dr. Bennett for the medical defenses of his two trials, $250 for each trial, which is the maximum amount allowed by the State Society for the trial court. The circumstances apparently are as follows: At the time that Dr. Bennett applied to the Judicial Council to avail himself of the medical defense, the State Society had not as yet retained permanent legal counsel. At the last meeting or in 1912, the State Society appointed a committee of three, Drs. T. N. Gray, W. J. Chandler and D. C. English to secure and retain a regular counsel for the Society, prior to that the Council had always selected an attorney for the defense in these medical cases, and at the time Dr. Bennett applied to the Council for medical defense, the committee appointed by this Society had not as yet acted and Dr. Bennett came to the Council having already consulted attorney Wilson in reference to his defense. The Council took it up through Dr. Gray and he called up Dr. English over the telephone and asked him if he knew if counsel had been retained as yet. Dr. English replied that so far as he knew no counsel had been retained and the Council felt justified in proceeding to retain Mr. Wilson to defend Dr. Bennett in his trial, which the Council proceeded to do, and in doing so the Council has obligated the Society to the extent of $250 for each trial. Dr. Bennett's expenditures amounted to a fraction short of $1,200.

It was moved that Dr. Bennett be reimbursed to the extent of $500.

The President: It has been moved and seconded that Dr. Bennett be reimbursed to the amount of $500. All in favor will so signify by saying aye.

The President: The motion is adopted.

Dr. Hunter: The communication from the State Board of Education having been placed in the care of the Committee on Business, there is left the Dr. Shimer case, on which, as stated in the report, the Council wishes more definite instructions and authority from the Society.

After long and thorough discussion this matter was on motion referred to the Board of Trustees.

Dr. Iszard presented the following report from the Councilor of the Third District:

Dr. Wm. A. Clark, councilor from the Third District, reports that there is evidence of continued zeal in making the meetings of the county societies instructive and interesting.

The Somerset County Society adheres to its policy of inviting, usually from New York, but sometimes from other cities, men of distinction to deliver addresses or read papers on some advanced medical or surgical subject.

These papers are uniformly discussed freely and fearlessly by the members and invited guests.

It is the custom of the Hunterdon County Society to divide into sections, and papers are read on special subjects by members appointed for that purpose. All papers are then generally discussed.

An inovation in the manner of conducting the meetings of the Mercer County Society has been inaugurated during the past year.

The meetings are now held in the nature of a symposium, and different members are assigned to write papers on different parts of a given subject.

This has had the effect of drawing a large attendance, and has been most instructive.

No report is made from the Middlesex County Societies.

A growing regard for medical ethics has been observable, and all the societies are in an active condition.

Wm. A. Clark.

Dr. English: Mr. President, I would state to the Society that I am prepared to make a report from the Committee on Prize Essay but prefer to defer it until the arrival of another member of the Prize Essay Committee, Dr. McLaughlin. We have been waiting for him and hoping that he would appear. I do not think that I ought to present that report until Dr. McLaughlin is present.

The President: What is the pleasure of the Society in regard to the report of Dr. English?

A Member: I move that it be deferred.

The President: All in favor will signify by saying aye. The motion is adopted.

The Secretary: I have the following letter from the American Medical Association.

At the Annual Meeting of the American Association for Cancer Research, May 5, 1913, the following resolution (the report of the Committee on Statistics and Public Education) was unanimously adopted:

It is the sentiment of this Association that:

(1) The present instruction of medical students in the symptoms and early diagnosis of cancer is seriously deficient.

(2) The medical curriculum should include special lectures in the clinical departments dealing specifically with this subject.

(3) The universities should provide competent lecturers in this subject to address the local medical societies.

(4) The Associate Members of the Association should be urged to take up the question of the proper methods of approaching the public on the subject of cancer.

(5) The activities of this Association should at present be chiefly confined to the education of the medical profession.

(6) This resolution shall be sent to the Deans of the medical schools and the Secretaries of the State medical societies in the United States and published in the medical press.

The Secretary: I move this be referred to the Committee on Health and Hygiene.

The President: It has been moved and seconded that this report be referred to the Committee on Health and Hygiene. All in favor will so signify by saying aye. The motion is adopted.

The Secretary: The Secretary has been handed the following, "Move to amend Article 6 of the Constitution by adding to it the words "and corresponding secretary." Under the Constitution, if this is seconded, it will have to lie over until next year.

Dr. Chandler: This is a notification, as I understand it, to change the by-laws.

The Secretary: No, the Constitution.

The President: Did I hear it seconded.

The Secretary: Yes, it is seconded.

The President: The motion is adopted.

Dr. English: I would state that Dr. McLaughlin has appeared, therefore I am prepared to offer the report of the Committee on Prize Essay.

The Secretary: Doctor, will you let me present this first?

Dr. English: Yes.

The Secretary: I have a certificate of the Medical Society of the State of New York, as follows: William M. Leszynsky, M. D., is hereby accredited to you as a delegate from this Society for the ensuing year.

On motion Dr. Leszynsky was admitted to the floor with the privileges of the general session.

Dr. English: The report of the Committee on Prize Essay. You will remember that last year we offered a prize for the best essay on "The Reduction of Infant Mortality, How Can it Best be Accomplished?" The conditions were that the essay should show originality and a knowledge of the subject from personal experience; that it should contain matter of value to the profession and should specially refer to methods applicable to New Jersey and it was limited in extent to 4,000 words. It appears, gentlemen, that we selected a popular subject. There have been more responses I think than the Society has had for a great many years, seven essays having been received. Your committee regrets exceedingly that we were compelled to throw out one essay. It was evidently an able essay but instead of 4,000 words it contained nearly 6,000 words. We felt that to consider that would be an injustice to the other writers of essays as they were compelled to limit theirs to 4,000 words. I don't know that that essay would have received the prize, of course, but at any rate it did not meet the conditions. Your committee has given a great

deal of time to these essays; each member of the committee spent over a week studying them. We had a meeting yesterday and came to a decision. I might state that all three members of the committee agreed on three men, on three essays, as worthy of special awards. Two agreed exactly on the order of first, second and third and after looking over the essays and a reconsideration of them, we came to the unanimous conclusion, as we shall announce this afternoon. It is my pleasure to state to you that the first prize was awarded to the essay—and I will ask Dr. McLaughlin to come forward and see as I open the envelopes, that I give the correct name and announcement of the First Prize—the first prize has been awarded to the essay entitled "Status et Infans" and we will open the envelope and see who the author is,—Thomas N. Gray. The second prize is awarded to the paper with the motto "Optimus."— By the action of the Board of Trustees yesterday and approved by this Society, the amount offered for the second prize was $50. The writer of that essay is David E. English, of Summit. Is Dr. English present?

A Member: No, he has gone away.

Dr. English: The third prize in point of merit to which we give honorable mention was signed "Sit lux."—Grafton E. Day, is he present?

Dr. English: Is Dr. Day in the house?

Dr. Day arose.

The Secretary: I move you, sir, that there being no other unfinished business that we go into miscellaneous business.

The Secretary: The following resolution is offered:—

That a committee of seven members be appointed by the President to study the status of the hospitals located in this State, which study shall aim for the betterment and standardization of these institutions.

That the said committee be authorized to confer with the national or other established committees organized for this purpose and report at the next regular meeting of this Society, and should any circumstance arise to make earlier action desirable, this committee shall report to the councilors of this Society and action be taken in accord with the findings of the councilors.

That the committee shall included the members appointed by the A. M. A.

Emery Marvel,

Dr. Marvel: I offer this resolution based on the apparent need of the study of hospital work.

Dr. McCoy: I move the adoption of the resolution.

The President: All in favor will please signify by saying aye. The motion is adopted.*

Dr. Weeks: I would like to take this opportunity to announce to the State Society that the International Liga against epilepsy are endeavoring to establish a repository where all available data such as reports, papers and other interesting data bearing on Epilepsy will be deposited and available for use of the medical profession. The main office is to be in Amsterdam, Holland. The repository for the United States is to be established at the Craig colony, Sonyea, N. Y. If any members of this Society publish papers with anything bearing on Epilepsy will you kindly forward them to Sonyea, N. Y., and it will be greatly appreciated and it will enable us to gather at one point information that so far has been hard to get? I hope that the members will send papers; if you can have four copies it will enable us to keep two in the United States and send the other two abroad. We hope that this movement will be the means of bringing together data that is not very easy to get now.

Dr. Schauffler, Chairman of the Committee of Arrangements, made an announcement, that Mr. Cattell, State Statistician of Pennsylvania would speak at the banquet in place of Mr. Kendall.

Dr. Schauffler announced a meeting of the Board of Trustees would be held in the parlor, second floor, to-morrow morning at 8.30 o'clock and also that at the end of the program this afternoon, the First Prize Essay will be read by Dr. Thomas N. Gray.

The President announced the Committee on Public Health Education is as follows:

Dr. Maria M. Vinton, Essex; Dr. Emma O. Clark, Morris; Dr. Emma M. Richardson, Camden; Dr. Frank W. Pinneo, Essex; Dr. Joseph Stokes, Burlington; Dr. F. W. Flagge, Morris.

The President: The meeting will now pass to a General Session and the first paper on the program is the address of the Third Vice-President, Philip Marvel of Atlantic City.

GENERAL SESSION.

ADDRESS BY THIRD VICE-PRESIDENT

Philip Marvel, Atlantic City.

*The president appointed on this committee, John C. McCoy, chairman; W. Blair Stewart, Alex. Marcy, Jr., G. K. Dickinson, T. N. Gray, Emery Marvel, Henry B. Costill.

THE ABUSE OF THE RADIOGRAPH

J. Bennett Morrison, Newark.

(Read by title.)

DIVERTICULITIS

William F. Faison, Jersey City.

Discussed by Louis Franklin.

FUNCTIONS OF THE STATE MEDICAL BOARD

Horace G. Norton, Trenton.

MOSQUITO EXTERMINATION IN ESSEX COUNTY AS CARRIED OUT BY THE ESSEX COUNTY EXTERMINATION COMMISSION

Ralph H. Hunt, East Orange.

Discussed by Thomas J. Headlee, William E. Darnall, George H. Sexsmith, G. V. V. Warner, H. H. Davis, George E. Van Wagenen, S. E. Armstrong. Closed by Dr. Hunt.

The President: We will now listen to the reading of the First Prize Essay.

Dr. H. H. Davis: In my judgment the paper will be worth reading to a larger assemblage of members and I move the reading of it be deferred until the next session. Seconded.

The President: If there is no objection it is so ordered.

Meeting adjourned at 5.45 P. M.

Tuesday Evening 7:30 O'clock.

ANNUAL BANQUET IN THE NEW MONMOUTH HOTEL.

The post-prandial speakers were Gov. Fielder, Rev. F. W. Tomkins, Dr. Geo. E. de Schweinitz and Mr. A. J. Cattell.

Their addresses will be published in the October Journal.

Wednesday, July 1st, 9.30 A. M.

GENERAL SESSION

A Member: Mr. President I move that Dr. Gray read the prize essay.

The President: It has been moved and seconded that the prize essay be read. Carried.

PRIZE ESSAY: REDUCTION OF INFANT MORTALITY; HOW BEST CAN IT BE ACCOMPLISHED.

Thomas N. Gray, East Orange.

TREATMENT OF URETERAL CALCULI.

G. N. J. Sommer, Trenton.

Discussed by H. B. Costill and F. J. Kellar.

THE PRUDENTIAL'S ORDINARY MORTALITY EXPERIENCE FROM PULMONARY TUBERCULOSIS, 1886-1913.

Wm. Perry Watson, Jersey City.

Discussion by John Nevin, G. A. Van Wagenen, L. M. Halsey, R. C. Newton.

On motion the General Session closed and the House of Delegates met.

MEETING OF THE HOUSE OF DELEGATES.

Dr. English: The Board of Trustees presents a supplementary report. The present Finance Committee, Drs. Ill, Fisher, English and Chandler were appointed.

The Secretary was authorized to exchange the old typewriting machine in his possession, or to purchase a new one, at an amount not to exceed $75.

In reference to the Shimer malpractice fee, referred to this Board, the Board recommends that the Judicial Council shall first consult the counsel of the Society as to the payment of the $250 and the other legal questions involved in the case of Dr. Shimer.

The Board recommends that the President-elect appoint a Committee on Prize Essay for the coming year under the same conditions as heretofore.

As the Committee on Nominations has failed to nominate the new Committee on Public Hygiene and Sanitation, it was, after discussion resolved in order to facilitate business, that Drs. Gray, C. R. P. Fisher and English be appointed a committee in the matter and present to the Society the six members of the Society to constitute the committee; two for three years, two for two years and two for one year, according to the By-Laws, Chapter 9, Section 8. The Board voted to continue Drs. Alexander Marcy, Jr., chairman pro tem. to act during the year in absence of the regular chairman Dr. Ward. The Secretary was directed to assure Dr. Ward of our best wishes for his health and happiness. Respectfully submitted .

Dr. Chandler: I move this report be received and its recommendations adopted and its action approved.

The President: All in favor of the motion will so signify by saying aye. The motion is adopted.

Dr. English: Mr. President, the committee to offer in nomination names for the Committee on Hygiene and Sanitation submit the following:

Dr. G. K. Dickinson, chairman, Dr. E. Guion, three-year period; Dr. H. B. Costill, Dr. George E. McLaughlin, Jersey City, two-year period; Dr. Alex. McAlister, Dr. E. J. Marsh, one-year period.

The President: It is moved and seconded that the Secretary cast one ballot for all

the above. Those in favor will so signify by saying aye. The motion is adopted.

Dr. English: While we are on the question of nominations Mr. President, the Society yesterday failed to approve the recommendation of the Nominating Committee that we meet next year at Spring Lake. It was in the report but they failed to pass on that. I move that that part of the Nomination Committee's report be approved and that the recommendation be adopted.

The President: It is moved and seconded that the report of the Committee be approved. All in favor will so signify by saying aye. The motion is adopted.

The Secretary: The Secretary has a letter addressed to Dr. Hollingshead as follows:

STATE OF NEW JERSEY
Department of Public Instruction, Trenton.

June 18, 1914.

Dr. Enoch Hollingshead,
President Medical Society of New Jersey,
Pemberton, N. J.

Dear Dr. Hollingshead:

I enclose copy of a report recently made to the Massachusetts Association of Board of Health by a committee upon "Period of Isolation and Exclusion from School in Cases of Communicable Disease." These rules and regulations seem so much in advance of anything so far suggested that we wish to incorporate them, either as they stand or with amendments, in the pamphlet we are about to issue on the "Teaching of Hygiene in the Elementary Schools."

Before doing this, however we wish to have the approval of your Society and thus be able to say that the rules have the endorsement of the Medical Society of New Jersey. Will you therefore be good enough to look them over, making any suggestions as to amendments that you may see fit, and return them to us, with your approval?

Very truly yours,
C. N. Kendall,
Commissioner of Education.

The President: This Communication was sent to me through a member of this Society, and the Commissioner of Education asks that it be acted upon, as the Board wants to have it published and distributed before the opening of the schools in the coming fall.

The Secretary: This matter was at a previous meeting referred to the Judicial Council, which reported that this subject was one for action by the Business Committee, it was then referred to the Business Committee, which now makes the following report and recommends a resolution in connection with it as follows:

To the House of Delegates: The Business Committee have considered the communication of the Commissioner of Education of the State of New Jersey, Mr. C. N. Kendall, an the rules in relation to the Period of Isolatio and Exclusion from School in Cases of Com municable Diseases and respectfully recom mend that the Society shall approve and en dorse these rules or regulations concernin the isolation and exclusion of school children for publication in the pamphlet which th State Board of Education are preparing on th Teaching of Hygiene in the Public Schools o the State.

Walter B. Johnson, Chairman.

RESOLVED: That the House of Delegate of the Medical Society of New Jersey ap prove and recommend for use by the Stat Board of Education, the rules in relation t the "Period of Isolation and Exclusion fro School in Cases of Communicable Disease' recently made to and adopted by the Boar of Education of the State of Massachusetts.

It was moved and seconded to adop the resolution.

Dr. Schauffler: Mr. President, may I say a word on that from the State Boar of Education? These rules and regulations, of course, are not legal; that is, they cannot be enforced by law. It is simply suggested to carry out the existing laws We have laws on our statute books regulating vaccination and exclusion from school, etc. These are simply amplifications of the rules we already have and putting them in such form that the teachers and Boards of Education throughout the State will more fully understand what the State does require; it is no new legislation. A number of the changes in reference to the isolation of pupils who live in houses, where there are these contagious diseases are in conflict with the laws of Pennsylvania. Now these new regulations permit pupils from houses in which these diseases are present to attend their regular duties and go to school. Now that would conflict with the Pennsylvania laws and we want to go a little slow about this proposition and another proposition Dr. Shaw brought out, and it should be clearly understood, because many school teachers will pass these on as the laws of the State instead of as suggestions. Now if you will look over these questions of quarantine in the houses, another proposition is we do not quarantine the schools any more, depending on the daily inspection as more effective. That is true of the inspection in the big systems but in the rural inspection it is once or twice a month; you can see it is going to be ineffective. I think the Society wants to consider this proposition carefully and then go on the record.

Dr. Newton: I fail to see the last speak-

's point about Pennsylvania. We are not Pennsylvania; the Pennsylvania law has effect on us in the first place and in e second place these recommendations e not mandatory, as I understand it.

Dr. Fisher: In the matter of quarantine, e school teachers act in conjunction with e health authorities and probably the hools in the rural districts act in conjunc-on with the health officers about those ings. If matters are regulated in that ay the health officer certainly would not cognize this resolution as mandatory, as ving the effect of laws; he would com-y with the laws of the State. The Com-issioner of Education asks that you will nend, change or make any suggestions.

The President: All in favor will say e. The motion is adopted.

The President: Is there any further un-nished business? If not we will proceed Miscellaneous Business. Is there any iscellaneous business?

Dr. English: I would move, Mr. Presi-ent, the thanks of this Society to Dr. chauffler and the management of this tel; they have treated us well and have rved us with their customary patience d efficiency under circumstances that ve been difficult this year, and it does em to me that they are worthy of special mmendation for the faithful manner in hich they have added to the interest and easure and profit of this annual meeting.

The President: You have heard the mo-on of Dr. English. All in favor will y aye. The motion is adopted.

Dr. Marcy: Mr. President, I would like offer a resolution that the Committee on redentials be authorized or instructed to nsider the adoption of a permanent dge or device for the Medical Society of e State of New Jersey. We have a dif-rent design this year and I think the de-gn is particularly appropriate and pretty. is very much more expensive having dges made each year in different designs, d it would be very nice perhaps for the legates to have a badge that would be rmanent, one that they could use from ar to year. I would like to offer this as resolution, that the Committee on Cre-entials be instructed to consider that roposition and report at the next meeting.

The President: You have heard the otion of Dr. Marcy; all in favor will so gnify by saying aye. The motion is lopted.

Dr. T. N. Gray: Mr. President, I move at the House of Delegates give its thanks to Mrs. Alexander Marcy and Mrs. Alexander McAlister for their assistance in the entertainment of the ladies.

The President: All in favor of the motion will so signify by saying aye. The motion is adopted.

Dr. T. N. Gray: Now, Mr. President, I move that a committee of one wait on the Corresponding Secretary and have him give us the attendance at this meeting. Adopted.

Dr. English: Mr. Secretary—I move you, sir, the vote of thanks of this Society to our presiding officer, Dr. Hollingshead. He has served us with conspicuous ability. The entertainment which he was largely responsible for last evening was certainly one of most exceptional excellence.

The Secretary: All in favor of that motion will signify by saying aye. The motion is adopted.

Dr. Palm: Mr. President, as we expect to meet here next year and apropos of the remarks made by the former gentlemen on this subject, I would move that the committee suggest to the hotel management, the throwing across the opening here of heavy portieres, in an effort to see if it won't stop the noise. It can be easily done and will enhance the acoustic properties.

The President: All in favor of the motion will say aye. The motion is adopted.

Dr. Stout: (Reporting attendance) 275 members of the Society and 189 or 190 guests, about 35 members short of last year.

The President: Is there any further business?

A Member: I move we adjourn.

The President: Gentlemen of the Society, the time has arrived for me to lay the scepter down which was so kindly given to me. It has been filled with pleasant memories and I give the Society my heartfelt thanks. To Dr. Gray, my successor, I present the emblem of the Society, knowing that he will keep it unsullied.

Turning to Dr. Gray, the President said: I trust that your official relations with the Society will be as pleasant as mine have been, and I know that you will turn the office over to your successor with the same confidence in his fidelity that I have in yours.

Dr. Frank D. Gray: I am going to ask your consideration for just a moment. I take it that this is an occasion which does not call for many words, but I do want to express my thanks to the membership of this Society for the honor which they

have conferred upon poor me and to tell you that in-so-far as this has depended upon any good will and confidence which the membership have given me, it will be absurd for me to pretend that I do not personally appreciate and take pride in it, but I also recognize that there are so many other members of this Society who by virtue of their qualification, ability, and services rendered to this Society, have been more entitled to this position than I, and I must recognize that this has not been a personal tribute, but a tribute and a recognition of the justice that was coming to my county. I feel that I was elected President as a tribute and a testimonial to the faithful service and the long interval which has elapsed since Hudson County has been represented in the chair of this Society. I may say to you briefly that I have naturally some ideals about the fulfillment of the obligations of this office. I feel the responsibility greatly. If I do not live up to the ideals I want you all to understand that it will be the fault of the head and not of the heart. If I may, just for a moment, trespass further upon your patience, I want to say that the idea has been incubating, slowly of, in my mind for some time that possibly your President might be able to do something a little out of the routine established by your constitution. That in payment for the honor bestowed upon him there might be something further that could be accomplished by your presiding officer to increase the enthusiasm, the esprit de corps, the team work of the constituent societies and mostly to the advantage of the State Society, and it had occurred to me that with the approbation of the members of this Society, even at the expenditure of considerable time, not to speak of expense, your President, the presiding officer, would be honored in-so-far as it is possible to try to get in touch—at least once during the year if possible—with the various constituent societies of the State. I find, after coming here and talking with our worthy Recording Secretary that he has been following very much that same line during the past year and with good results, and it is encouraging to me to feel that perhaps a combination of visitings to the constituent component societies by the Executive, and the Recording Secretary, to the district in which the Society might be located, might be valuable in promoting the general interests of both the constituent societies and the State Society, and that unless it meets with your disapproval, it is the intention to carry that out so far as it is po sible. Fellow members, I have nothin further to say except to again thank yo from the bottom of my heart and assu you of my intention to live up to the stan ards that have been set by my predecessor

The President: I think it was when D Strock was President that this matter wa brought up and the House of Delegate authorized the President to visit the diffe ent component societies at least once du ing the year and his expenses were to b paid.

Dr. Gray: That relieves me very de cidedly from one aspect, whether I tak advantage of it or not.

There seems to be no question befor the house that is a matter of furthe record or general business. A motion ha been made and seconded and if there is n objection, the business having been fin ished, this meeting stands adjourned with out date.

Thomas N. Gray,
Secretary.

ATTENDANCE AT THE ANNUAL MEETING

Fellows.

John G. Ryerson, Obadiah H. Sproul, Claud ius R. P. Fisher, Luther M. Halsey, Henr Mitchell, Walter B. Johnson, David C. English Alexander Marcy, Jr., Edward J. Ill, Thoma H. MacKenzie, Daniel Strock, Norton L. Wil son.

Officers.

Enoch Hollingshead, President; Frank D Gray, first vice-president; William J. Chandler second vice-president; Philip Marvel, thir vice-president; Harry A. Stout, correspondin secretary; Thomas N. Gray, recording secre tary; Archibald Mercer, treasurer.

Permanent Delegates.

Atlantic County: Elisha C. Chew, W. Edga Darnall, Edward Guion, J. Addison Joy, Emer Marvel, W. Blair Stewart. Bergen County Samuel E. Armstrong, George Howard McFad den, James W. Proctor. Burlington County William P. Melcher. Camden County: Henr H. Davis, William H. Iszard, John F. Leavitt Alexander McAlister, Howard E. Palm, Henr H. Sherk. Cape May County: Randolpl Marshall. Cumberland County: Thomas S Day, John W. Wade. Essex County: Charle D. Bennett, William Buerman, Wm J. Chand ler, Henry L. Coit, Theodore W. Corwin, Davi E. English, Wells P. Eagleton, Linn Emerson Wm. B. Graves, Thomas N. Gray, L. Eugen Hollister, Livingston S. Hinckley, Wm. H Hicks, Edward J. Ill, George R. Kent, Jess D. Lippincott, George B. Philhower, Theron Y. Sutphen, Edward Staehlin, Elbert S. Sher man, Carl E. Sutphen, Chas. F. Underwood George A. Van Wagenen, H. J. F. Wallhauser Elmer C. Wherry. Gloucester County: Jame Hunter, George E. Reading. Hudson County John J. Broderick, Henry H. Brinkerhoff, Tal

ot R. Chambers, Gordon K. Dickinson, Willam F. Faison, Chas. H. Finke, Arthur P. Haskings, George E. McLaughlin, Mortimer Lampson, Immanuel Pyle, Wallace Pyle, Chas. I. Purdy, Joseph M. Rector, August A. Strasser, Henry Spence, William P. Watson. Hunterdon County: George N. Best, George L. Romine. Mercer County: Chas. F. Adams, Elmer Barwis, Henry B. Costill. Middlesex County: Frank M. Donohue, A. Clark Hunt. Monmouth County: Edwin Field, Daniel E. Roberts, Wm B. Warner. Morris County: Abram F. Carpenter, James Douglas, Britton D. Evans, Fred W. Flagge, Alfred A. Lewis, Cuthbert Wigg. Ocean County: Ralph R. Jones, Wm. G. Schauffler. Passaic County: Robert M. Curts, Wm. H. Carroll, Frederick V. C. Demarest, Wm. Flitcroft, Philander L. Harris, Henry H. Lucas, Andrew F. McBride, Chas. H. Scribner, Francis H. Todd. Salem County: John F. Smith. Somerset County: Aaron L. Stillwell. Sussex County: Frederick P. Wilbur. Union County: Jas. S. Green, Edgar B. Grier, Ellis W. Hedges, Theodore F. Livengood, Stephen F. Quinn, John P. Reilly. Warren County: James M. Reese, F. Wyckoff Cummings.

Councilors.

C. C. Beling, R. M. Curts, W. A. Clark, Wm. H. Iszard, James Hunter, Jr.

Annual Delegates.

Paul M. McCray, David Berner, Geo. T. Tracy, M. W. Newcombe, Wm. W. Kain, Edw. B. Rogers, F. W. Wade, M. M. Vinton, Ralph H. Hunt, Theo. Teimer, Chas. W. Titus, J. Harrys Underwood, S. A. Cosgrove, John Nevin, A. E. Jaffin, G. H. Mueller, G. H. Sexsmith, C. R. Kelley, J. A. Chard, D. B. Sweet, Lawrence Cunyon, L. Y. Lippincott, W. S. Lalor, H. A. Partree, V. M. Disbrow, J. S. Gates, Henry Fogan, F. J. Kellar, A. W. Van Riper, D. S. Weeks, S. J. B. Harrison, W. A. Albertson.

Reporters.

Byron G. Davis, Atlantic; D. F. Remer, Burlington; E. S. Corson, Cumberland; F. W. Pinneo, Essex; Wm. Freile, Hudson; E. B. Funkhouser, Mercer; B. F. Failing, Monmouth; E. Moore Fisher, Morris.

Associate Delegates.

R. S. Bennett, Wm. H. Shipp, Otto Lowy, P. A. Potter, L. L. Davidson, F. H. Glazebrook, V. A. Thomas, H. G. Norton, J G. Coleman, G. T. Titus, C. A. Schureman, G. N. J. Sommer, J. J. McGuire, H. B. Slocum, E. K. Fee, H. F. Miller, H. L. Carter, J. H. Bradshaw, T. J. McLaughlin, G. E. Day, C. A. Rosenwasser, H. T. Harvey, Jr., Clifford Mills, W. A. Westcott, G. B. Gale, S. H. Nichols, H. W. Kice, H. F. Bushey, F. N. Hoffman, E. A. Scott, F. C. Riva, E. W. Murray, I. H. Hance, J. C. McCoy, E. H. Goldberg, S. G. Bushey, H. A. Cotten, E. Morrison, B. V. D. Hedges, U. Allen, C. F. Baker, A. L. Smith, J. C. Haines, E. D. Newman, W. C. Raughley, F. R. Hausling, D. W. Blake, E. E. Conover, S. B. W. Lyenberger, W. H. Murray, D. J. Kraker, C. M. Franklin, J. Walters, B. H. Woolf, C. R. O'Crowley, I. Cupperman, E. D. Prickett, J. L. Dias, J. H. Lowrey, L. B. Hirst, J. H. Moore, L. H. Rogers, L. B. Hollingshead, I. T. Spencer, S. Sicca, S. R. Woodruff, M. F. Squier, C. D. Gordon, D. B. Ackley, A. D. Hutchinson, W. J. Hall, R. C. Newton, C. M. Fish, H. D. Corbusier, C. J. Larkey, W. H. Axford, E. M. Richardson, D. D. Hendrickson, H. J. Burnett, W. H. Washington, E. E. Worl, I. S. Long, J. A. Runnels, D. Miner, H. V. Hubbard, M. L. Clawson, R. T. Munger, H. I. Goldstein, S. M. Rubinow, W. L. Cornwell, J. L. Nicholson, J. J. Smith, H. E. Ricketts, F. A. Shimer, Jacob Reiner, P. J. Rafferty, C. B. Smith, J. P. Schureman, J. Morgan Dix, S. M. Edwards, H. F. Upham, M. N. Sullivan, G. V. V. Warner, E. Z. Hillegass, A. J. Bruder.

Guests.

John B. Deaver, Pa.; Damon B. Pfeifer, Pa.; Ansel G. Cook, Conn.; Lewellys F. Barker, Md.; Alex. Armstrong, Pa.; Addenill Hewson, Pa.; Irwin Hollingshead, Pa.; Wm. S. Wray, Pa.; Geo. E. de Schweinitz, Pa.; J. Heland Dewey, Pa.; Lewis F. Bishop, N. Y.; Wm. M. Leszynsky, N. Y.; Patrick Cassiday, Conn.; Edson J. Emerick Ohio; Gov. Fielder, E. J. Cattell, Pa.; Geo. C. Albee, N. Y.; E. P. Harrower, Ill.; W. J. Tyler, Md.; P. S. Mallon, N. J.; F. H. Thorne, N. J.; L. T. Howard, Wash, D. C.

Permanent Delegates Absent.

Bergen County: John E. Pratt. Burlington County: Richard H. Parsons,, *J. Boone Winters. Camden County: Wm. S. Jones. Essex County: Chas. Young, Joshua W. Read, James T. Wrightson, *Thomas W. Harvey, Wm. S. Disbrow, *John F. Hagerty, *Sarah R. Mead, Walter S. Washington. Gloucester County: *Eugene T. Oliphant. Hudson County: Fred M. Corwin, John J. Baumann, John J. Mooney, George M. Culver. Mercer County: *John C. Felty, Richard R. Rogers, David Warman. Middlesex County: John G. Wilson. Passaic County: George H. Balleray, John T. Gillson, Joseph V. Bergin. Salem County: William H. James. Somerset County: Sewell O. B. Taylor. Union County: Thos. H. Tomlinson.

*Excused.

STANDING COMMITTEES.

Elected by the Society.

Committee of Arrangements.

William G. Schauffler, Chairman....Lakewood
Henry Mitchell.....Asbury Park
Samuel R. Knight.....Spring Lake
Edwin Field.....Red Bank
Frank D. Gray, ex-officio.....Jersey City
Thomas N. Gray, ex-officio.....East Orange

Committee on Program.

Thomas N. Gray, Ch'n, East Orange..ex-officio
Fred'k F. C. Demarest, Passaic..Term exp. 1915
Geo. E. McLaughlin, Jersey City " " 1916

Committee on Nominations.

One from each County Society.

Committee on Scientific Work.

John C. McCoy, Ch'n, Paterson..Term exp. 1915
Alexander McAlister, Camden... " " 1916
George N. J. Somers, Trenton... " " 1917

Committee on Legislation.

Henry B. Costill, Ch'n, Trenton..Term exp. 1917
J. Boone Wintersteen, Moorest'n " " 1915
Henry A. Cotton, Trenton..... " " 1915
Henry H. Davis, Camden..... " " 1916
Luther M. Halsey, Williamstown " " 1916
Thomas H. MacKenzie, Trenton " " 1917

Committee on Hygiene and Sanitation.

Gordon K. Dickinson, Ch'n, J.C'y. Term exp. 1917
Alexander McAlister, Camden.. " " 1915
Elias J. Marsh, Paterson..... " " 1915
Henry B. Costill, Trenton..... " " 1916
Geo. E. McLaughlin, Jersey City " " 1916
Edward Guion, Atlantic City.... " " 1917

Committee on Publication.

Wm. J. Chandler, Ch'n, S. Orange.. Term exp. 1916
August A. Strasser, Sec'y, Arlington " " 1915
Edward J. Ill., Newark..... " " 1917
David C. English, New Brunswick....ex-officio
Thomas N. Gray, East Orange.....ex-officio

Appointed by the President.

Committee on Credentials.

Harry A. Stout, Ch'n, Wenonah.....ex-officio
Archibald Mercer, Newark.....ex-officio
Immanuel Pyle, Jersey City....Term exp. 1915

Committee on Business.

William J. Arlitz, Chairman.....Hoboken
Arthur P. Haskings.....Jersey City
Frank J. Keller.....Paterson
J. Morgan Dix.....Cape May Court House
W. Blair Stewart.....Atlantic City

Committee on Honorary Membership.

Luther M. Halsey, Chairman....Williamstown
Thomas H. McKenzie.....Trenton
Norton L. Wilson.....Elizabeth

Committee on Public Health Education.

Maria M. Vinton, Chairman.....East Orange
Emma C. Clark.....East Orange
Emma M. Richardson.....Camden
Frank W. Pinneo.....Newark
Joseph Stokes.....Moorestown
Frederick W. Flagge.....Rockaway

Committee on Prize Essays.

Britton D. Evans, Chairman...Greystone Park
Francis R. Haussling.....Newark
George H. Parker.....Trenton

Committee on Finance.

Appointed by the Trustees.

Edward J. Ill, Chairman.....Newark
David C. English.....New Brunswick
Claudius R. P. Fisher.....Bound Brook
William J. Chandler.....South Orange

SPECIAL COMMITTEES.

Committee on the 150th Anniversary of the Medical Society of New Jersey.

David C. English, Chairman...New Brunswick
Elias J. Marsh.....Paterson
Edward Guion.....Atlantic City
Alexander Marcy, Jr.....Riverton
B. Van Doren Hedges.....Plainfield
(The Acting President and Recording Secretary .....ex-officio)

Committee on Education of Public on Medical Legislation.

George T. Tracy, Chairman.....Beverly
Henry Spence.....Jersey City
James Hunter, Jr.....Westville

Committee to Study Status of Hospitals in New Jersey.

John C. McCoy, Chairman.....Paterson
W. Blair Stewart.....Atlantic City
Alexander Marcy, Jr.....Riverton
Gordon K. Dickinson.....Jersey City
Thomas N. Gray.....East Orange
Emery Marvel.....Atlantic City
Henry B. Costill.....Trenton

Committee on Education of the Public on Public Health.

Maria M. Vinton, Chairman.....East Orange
Emma C. Clark.....Dover
Emma M. Richardson.....Camden
Frank W. Pinneo.....Newark
Joseph Stokes.....Moorestown
Frederick W. Flagge.....Rockaway

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE NEW JERSEY.

Monthly Statement, July, 1914.

The number of deaths reported to the State Board of health by the Bureau of Vital Statistics for the month ending July 10, 1914, was 2,826. By age periods there were 465 deaths among infants under one year, 203 deaths of children over one year and under five years and 845 deaths of persons aged sixty years and over.

The total number of deaths for the month is lower than for any period since January 1, 1913, and is 500 below the monthly average for the past twelve months.

Of the eighteen classifications of causes of death all show a decrease with the exception of whooping cough, cancer and infantile diarrhoea.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending July 10, 1914, compared with the average for the previous twelve months, the average being given in parenthesis:

Typhoid fever, 11 (23); measles, 28 (22); scarlet fever, 18 (22); whooping cough, 29 (36); diphtheria, 30 (48); malarial fever, 0 (1); tuberculosis of lungs, 284 (303); tuberculosis of other organs, 42 (45); cancer, 202 (181); diseases of nervous system, 257 (307); diseases of circulatory system, 464 (501); diseases of respiratory system (pneumonia and tuberculosis excepted), 123 (210); pneumonia, 129 (259); infantile diarrhoea, 118 (195); diseases of digestive system (infaneile diarrhoea excepted). 173 (207); Bright's disease, 219 (251); suicide, 48 (39); all other diseases or causes of death, 651 (695); total, 2,826 (3,345).

Bureau of Contagious Diseases and Sanitary Inspection.

The reports of communicable disease for the month of June, 1914, show an increase over the number of cases of tuberculosis, chicken-pox and small-pox reported. Cape May, Middlesex and Sussex were the only counties from which no cases of typhoid fever were reported. Ocean and Salem were the only counties reporting no cases of diphtheria, and Salem the

only county from which scarlet fever was not reported.

Malarial fever was reported in Bergen, Camden, Essex, Mercer, Middlesex, Monmouth, Ocean, Passaic, Somerset, Sussex and Union counties, a total of 103 cases against 23 cases reported during the month of June, 1913. The marked increase in the number of cases of malaria reported, and in the number of localities from which these reports have been received during June, 1914, as compared to reports during the corresponding periods in former years, does not necessarily signify that this disease is more prevalent and wide-spread. The increase in the number of reports is undoubtedly in a measure due to the efforts which have been made during the past year to impress upon those who are responsible for reporting cases of communicable diseases that malaria is a reportable disease.

The total number of cases of reportable communicable diseases received in June, 1914, was 2,464 against 1,944 in June, 1913.

The largest number of communicable diseases reported were; Camden, 5 typhoid fever; 9 diphtheria; 13 scarlet fever; 37 tuberculosis. Essex, 27 cases typhoid fever; 179 diphtheria; 220 scarlet fever; 247 tuberculosis. Hudson, 9 typhoid fever; 269 diphtheria; 144 scarlet fever; 163 tuberculosis. Middlesex, 41 diphtheria; 39 scarlet fever; 30t uberculosis. Passaic, 4 typhoid; 31 diphtheria; 31 scarlet fever; 54 tuberculosis. Union, 4 typhoid; 28 diphtheria; 16 scarlet fever; 47 tuberculosis.

Bacteriological Department.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 457; tuberculosis, 471; typhoid fever, 272; malaria, 43; miscellaneous specimens, 116: total, 1,359.

Division of Food and Drugs.

During the month ending July 31, 1914, 336 samples of food and drugs were examined in the State Laboratory of Hygiene with the following results:

The following were found to be below standard: 2 of the 107 of milk; 11 of the 96 of butter; 1 of the 45 of cream; 2 of the 11 of olive oil; 5 of the 21 of camphorated oil; the 2 of headache tablets; 3 of the 7 of lime water; 3 of the 18 of spts. camphor and 5 of the 11 of tincture iodine.

The 4 of vinegar; 1 of hair tonic; 3of hydregen peroxide and 10 of witch hazel were all above standard.

Examinations relating to Oyster Work: 286 samples of water; 45 samples of oysters and 4 samples of sewage were examined.

Bureau of Creamery and Dairy Inspection.

During the month 663 inspections were made as follows: 467 dairies; 49 creameries; 11 milk depots; 136 ice cream factories.

Number of dairies scoring above 60 per cent. of the perfect mark, 246; dairies scoring below 60 per cent. of the perfect mark, 203; dairies relinquishing the sale of milk, 18; ice cream factory licenses recommended, 19.

Ten cow stables were disinfected on account of having housed tuberculosis animals. These stables were located as follows: Burlington, 2; Essex, 1; Hunterdon, 1; Monmouth, 1; Sussex, 5.

Eight dairymen were given a specified time in which to improve their methods in handling milk. These dairies supply milk to the following municipalities: Dover, New Brunswick and Woodbury. During the month, 12 creamery operators, having complied with the Board's new rule regarding the pasteurization of milk and cream, were granted permits. Two creamery licenses were issued for the handling of milk not pasteurized. Two creamery operators were cited to appear before the Board to show cause why they should not be prosecuted for operating pasteurizing plants in violation of the Board's rules. One operator was cited to show cause why he should not be prosecuted for operating an unsanitary establishment. One ice cream manufacturer was cited for operating his establishment without having first obtained a license. The proprietors of two ice cream establishments were prohibited from manufacturing ice cream on account of not meeting the Board's requirements. One of these factories was located in Jersey City and the other in Perth Amboy.

During the month ending July 31, 1914, 193 inspections were made in 86 towns and cities, the largest number in any place having been: Trenton, 25; Camden, 15; Jersey City, 14; Bordentown, Burlington, Morristown, Newark, Pedricktown, Red Bank and Summit, each 5; Hoboken, Passaic and Woodstown, each 4.

The following articles were inspected during the month, but no samples were taken: Milk, 338; butter, 209; food, 693, drugs, 499.

Other inspections were made as follows: Milk wagons, 113; milk depots, 21; grocery stores, 235; drug stores, 51; confectionery stores, 53; meat market, 12; slaughter houses, 24; egg breaking establishments, 32; Hotel Kitchens, 5; cold storage plants, 22; bottling establishments, 14; canning factories, 22; bakeries, 2; cattle investigations, 4; investigation of toilet articles, 125; milk cans, 100.

Meat Inspection.

Beef—12 carcasses passed, 150 pounds passed, 1 carcass condemned.

Calves—4 carcasses passed, 2 carcasses condemned.

Bureau of Food, Drugs, Water and Sewerage—Division of Water and Sewerage.

Total number of samples analyzed in the Water Laboratory, 240; public water supplies, 136; special public water supplies, 6; proposed public water supplies, 15; State institution water supplies, 11; private water supplies, 27; bottled water supplies, 6; dairy water supplies, 1; ice samples, 2; sewage samples, 34; miscellaneous samples, 2.

Water supplies and water purification plants inspected at Allentown, Atlantic City, Bound Brook 3, Bound Brook (Piscataway Water Co.), Butler, Clarksboro, Dover, Elizabeth, Franklin, Lambertville, Midland Park (Bergen Water Co.), Moorestown, Mt. Holly 7, New Brunswick 2, Ocean City, Ocean Gate, Rahway (Rahway City Water Department), Roebling 2, Skillman (State Village for Epileptics) 2, Salem, Woodbury. Inspections were made on the following watersheds: High Bridge, Jersey City, Lopatcong (Phillipsburg), Morris Plains (State Hospital), Middlesex Water Co. (Rahway), Newton, Salem, Tintern Manor Water

Co. (Long Branch), Woolwich Water Co. (Tuckerton). Ice plants inspected at Freehold (Charles McChesney), Newark (Union Ice Co.), Ocean City (Consumers' Ice Co.).

Fifty-four sewage disposal plants and sewerage systems were inspected. Special inspections and investigations made at Elizabeth (Piscataway Water Co.), Jersey City (Sanitary Survey of Hudson River) 10, Pitman (pollution by Gloucester County Electric Co.).

Stream inspections were made on the Hackensack River and tributary, Passaic River and tributaries, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributaries, Second River and tributary, Whippany River and tributaries. There were:

Stream pollutions reported, 9; number of reinspections of stream pollutions made, 21; number of stream pollutions found abated, 11; number of notices to cease pollution issued, 1; number of plans for sewage disposal plants, sewerage systems and extensions approved, 14, number of water plans approved, 1.

Facetious Items.

Faithful Unto Death.—A reporter on a Kansas City paper was among those on a relief train that was being rushed to the scene of a railway wreck in Missouri. About the first victim the Kansas City reporter saw was a man sitting in the road with his back to a fence. He had a black eye, his face was somewhat scratched, and his clothes were badly torn—but he was entirely calm.

The reporter jumped to the side of the man against the fence. "How many hurt?" he asked of the prostrate one.

"Haven't heard of anybody being hurt," said the battered person.

"What was the cause of the wreck?"

"Wreck? Haven't heard of any wreck."

"You haven't heard of any wreck? Who are you, anyhow?"

"Well, young man, I don't know that that's any of your business, but I am the claim agent of this road."—Harper's Magazine.

"Your glasses," she said, "have made a great difference for the better in your appearance."

"Do you think so?" he asked.

"Yes. You look so intelligent with them on."—Exchange.

"Do you speak to him?"

"No," replied the scholarly girl. "When I passed him I gave him the geological survey."

"The geological survey!"

"Yes. What is commonly known as the stony stare."—Washington Star.

"I know at least one office that always has to seek the man."

"That so? I'd like to know which one it is?"

"The detective office."—Detroit Free Press.

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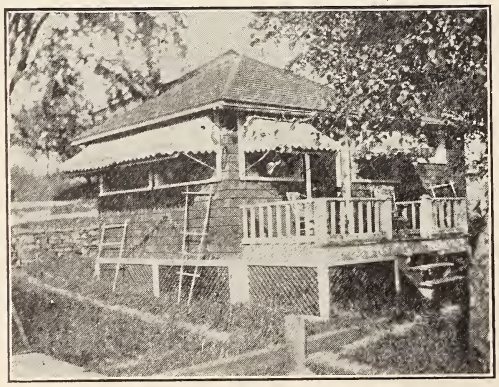

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BOOKLET

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ORATION IN MEDICINE.

SOME OF THE COMMONER TYPES OF DISEASES OF THE ENDOCRINE GLANDS.

[Abstract.]

Delivered at the Annual Meeting of the Medical Society of New Jersey, Spring Lake, N. J., June 29th, 1914.

By Lewellys F. Barker, M. D., Baltimore, Md.

Professor of Medicine, Johns Hopkins University.

Now that interest is focusing on the glands of internal secretion it seems desirable that the general practitioner should be familiar at least with the main types of disease met with in this domain.

The principal endocrine glands are the following—1. Thyroid; 2. Parathyroid; 3. Hypophysis cerebri; 4. Epiphysis cerebri; 5. Pancreas; 6. Thymus; 7. Chromaffin system; 8. Inter-renals; 9. Gonads (genital glands).

Concerning the function of these glands we know most at present about the thyroid, the parathyroid and the hypophysis, but we are beginning to get inklings concerning the functions of the other glands mentioned.

SYMPTOMS DEPENDENT ON DISTURBED THYROID FUNCTION.

1. Over-function (Graves's disease; Basedow's disease; exophthalmic goitre).

2. Under-function (myxoedema; cachexia thyreopriva; congenital thyreoaplasia; etc).

SYMPTOMS OF GRAVES'S DISEASE.

1. The goitre or struma; 2. Symptoms referable to the autonomic nervous system; 3. Metabolic disturbances; 4. Those due to disturbances of function in other endocrine glands; 5. Cerebral symptoms; 6. Blood changes.

The struma in Graves's disease is diffuse, vascular, granular and usually tender.

Among the symptoms largely referable to the autonomic nervous system are included; (a) the eye-signs; (b) the cardio-vascular phenomena; (c) the cutaneous phenomena; (d) the digestive disturbances; (e) the respiratory disturbances; (f) the urogenital symptoms.

(a) Eye Signs in Graves's Disease—1. Protrusion of the eye-balls; 2. Widened lid-slits (Dalrymple); 3. Dissociation between movements of eye-ball and upper lid (von Graefe); 4. Insufficiency of convergence (Moebius); 5. Infrequency and incompleteness of winking (Stelwag); 6. Less important eye signs.

(b) Cardio-Vascular Phenomena in Graves's Disease—1. Tachycardia (100-180); 2. Subjective feelings of palpitation; 3. Moderate dilatation of heart; 4. Accidental murmurs; 5. Pulsating carotids and brachials; 6. Changes in blood pressure; 7. Pulsus irregularis respiratorius; 8. Vasomotor anomalies; 9. In late stages, myocardial insufficiency.

(c) Cutaneous Phenomena in Graves's Disease—1. Thin, soft and moist skin; 2. Sweating; 3. Lessened resistance to electric current (Vigouroux); 4. Abnormal pigmentations; 5. Long, tapering finger nails.

(d) Disturbances of the Digestive Apparatus in Graves's Disease—1. Dry mouth, or salivation; 2. Nausea and vomiting; 3. Unmotived, watery, painless diarrhoea.

(e) Disturbances of the Respiratory Apparatus in Graves's Disease—1. Shallow breathing (Bryson's sign); 2. Tachypnoea; 3. Subjective feelings of dyspnoea; 4. Typical asthmatic attacks.

(f) Disturbances of the Uro-Genital Apparatus in Graves's Disease—1. Menstrual disturbances; 2. Hypertrophy of the breasts; 3. Disturbances of libido and poten-

tia; 4. Infantile genitalia; 5. Changes in quantity of urine; 6. Spontaneous glycosuria; 7. Pollakiuria.

Metabolic Disturbances in Graves's Disease—1. Rapid loss of weight; 2. Acceleration of total combustion; 3. Acceleration of protein metabolism; 4. Acceleration of carbohydrate metabolism; 5. Acceleration of fat metabolism; 6. Acceleration of mineral metabolism.

Symptoms Referable to Other Endocrine Glands—1. Insufficiency of internal secretion of pancreas; 2. Increased activity of chromaffin system; 3. Enlargement of thymus and thymotoxic symptoms.

Cerebral Symptoms—1. Apprehensive states (with phobias and obsessions); 2. Insomnia; 3. Psychoses; 4 .Fine tremor of the fingers; 5. Myasthenia (?).

The Blood in Graves's Disease—1. Slight leukopenia; 2. Change in differential count of white cells; (a) Lymphocytosis (35%-60%); (b) Neutrophilic leukopenia.

Patients suffering from Graves's disease may be divided roughly into three great classes (Eppinger and Hess; von Noorden, Jr.): 1. Those in whom vagotonic signs predominate; 2. Those in whom sympathicotonic signs predominate; 3. Those in whom there is a mixture of vagotonic and sympathicotonic signs. In this third group nervous and mental symptoms are particularly common.

Signs in the Vagotonic Cases—1. Relatively slight tachycardia; 2. Marked subjective feelings of palpitation; 3. Positive von Graefe; 4. Wide lid-slits; 5. Negative Moebius; 6. Protrusion of eyeballs absent or slight; 7. Epiphora; 8. Sweats; 9. Diarrhoeas; 10. Gastric hyperacidity and gastrospasm; 11. Eosinophilia; 12. Lymphocytosis; 13. Pulsus irregularis respiratorius; 14. Carbohydrate tolerance not lessened.

Signs in the Sympathicotonic Cases—1. Protrusion of eyeballs; 2. Negative von Graefe; 3. Positive Loewy; 4. Positive Moebius; 5. Dry eyeballs; 6. Marked tachycardia; 7. Dry skin; 8. Constipation; 9. Falling hair; 10. Slight fever; 11 Eosinopenia; 12 Alimentary glycosuria.

(Illustrative lantern slides of patients suffering from Graves's disease were thrown upon the screen.)

DIAGNOSIS OF GRAVES'S DISEASE.

1. Easy in typical cases: (a) Tachycardia; (b) Struma vasculosa; (c) Eye signs; (d) Tremor; (e) Mental state; (f) Accelerated metabolism.

2. Often difficult in atypical cases (*formes frustes*). Incipient Graves's disease to be kept in mind if any one of the following signs be encountered—(a) Persistent tachycardia (pulse above 90); (b) Rapid emaciation without apparent cause; (c) Excessive sweating; (d) Persistent watery diarrhoea; (e) Neurasthenic and psychasthenic states; (f) Outspoken lymphocytosis; (g) Fine tremor of the fingers; (h) One or more of the eye signs.

MEDICAL TREATMENT OF GRAVES'S DISEASE.

1. Rest; 2. Abundant diet; 3. Ice-bags on thyroid and over heart; 4. Cacodylate of soda subcutaneously to slow metabolism; 5. Sodium phosphate on rising; 6. Mountain climate (2500-5000 feet); 7. Removal of foci of irritation or infection—(a) Chronic tonsilitis; (b) Para-nasal sinusitis; (c) Nasal polyps or hypertrophied turbinates; (d) Chronic appendicitis; (e) Gall stones; (f) Uro-genital lesions; (g) Pyorrhoea alveolaris; (h) Abscess at root of tooth. 8. Systematic X-ray treatment of the thymus, one small area being exposed at a time.

SURGICAL TREATMENT OF GRAVES'S DISEASE.

Indications—1. Certainty of diagnosis; 2. After medical measures have been well tried and proven unsuccessful; 3. Period before thyreo-intoxication has lasted too long.

Methods—1. Ligature of arteries; 2. Lobectomy; 3. Lobectomy with ligature; 4. Lobectomy with thymectomy; 5. Thymectomy alone.

SYMPTOMS OF UNDER-FUNCTION OF THYROID GLAND (MYXOEDEMATOUS STATES).

These are met with in the following conditions: 1. Cachexia strumipriva; 2. Idiopathic myxoedema of adults (Gull's disease); 3. Congenital myxoedema due to deficiency of thyroid gland (thyreoaplasia), often erroneously designated "sporadic cretinism"; 4. Mild forms of hypothyroidism (Kocher's thyreopenia); 5. Endemic cretinism.

The symptoms in myxoedema are in marked contrast to those met within Graves's disease. It is convenient to view them side by side in the accompanying table (modified from Kocher):

(See table top of opposite page.)

Diagnosis of Slight Hypothyroidism.—1. This often overlooked; 2. In children keep in mind the following as suggestive—(a) Retarded growth; (b) Habitual constipation; (c) Dullness at school. 3. In adults, keep the following in mind as suggestive—(a) Persistent constipation; (b) Endogenous obesity; (c) Dry, harsh skin; (d) subjective feelings of cold; (e) Recurring

MYXOEDEMA.	GRAVES'S DISEASE.
1. Absence or atrophy of thyroid gland.	1. Enlargement of thyroid, usually diffuse; increased vascularity.
2. Slow, small, regular pulse.	2. Frequent accelerated pulse, often irregular.
3. Vaso-motors negative.	3. Very excitable vaso-motors.
4. Apathetic, quiet look; expressionless.	4. Anxious look; on fixation of eyes suggestion of anger in facial appearance.
5. Narrow lid slits.	5. Wide lid-slits; protrusio bulborum.
6. Slow digestion and excretion; anorexia.	6. Abundant excretions; appetite usually abnormally great.
7. Slowed metabolism.	7. Accelerated metabolism.
8. Thick, non-transparent, wrinkled, dry and desquamating skin.	8. Thin, transparent, vascular, moist skin.
9. Short, thick fingers, often broad at the ends.	9. Long, slender fingers with tapering terminal phalanges.
10. Drowsiness and sound sleep.	10. Insomnia and restless sleep.
11. Dulled sensation, apperception and action.	11. Hypersensitiveness; lively apperception and action.
12. Poverty of thought; apathy; lack of feeling.	12. Flight of ideas; mental excitations; sometimes hallucinations, mania or melancholia.
13. Clumsiness.	13. Restless haste.
14. Stiffness of the extremities.	14. Tremor of the extremities; increased mobility of joints.
15. Retardation of bony growth; bones short, thick or deformed.	15. Delicate bony structure; now and then soft, thin bones.
16. Constant feeling of cold.	16. Unbearable feelings of heat.
17. Slow, deep breathing.	17. Superficial breathing with faulty inspiratory expansion of thorax; often tachypnoea.
18. Increase of body weight; obesity.	18. Loss of weight; emaciation.
19. Senile appearance, even in young.	19. Youthful appearance, especially at the beginning.

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drowsiness in day-time. 4. In doubtful cases try therapeutic test (thyroid feeding).

Treatment of Myxoedema and of Hypothyroid States—1. Administration of thyroid tablets; 2. Surgical transplantations (of doubtful efficacy)—(a) anterior abdominal wall; (b) kidney; (c) various subcutaneous sites; (d) bone-marrow of femur; (e) spleen; (f) thyroid artery to brachial.

(Lantern slides illustrating cases of congenital myxoedema, of Gull's disease, and of mixed states of Graves's disease and myxoedema, were thrown upon the screen.)

SYMPTOMS OF INSUFFICIENCY OF THE PARATHYROID GLANDS.

The most common one is *tetany,* with its typical tonic spasms (obstetrical hand; carpo-pedal spasms, etc.). The significance of Trousseau's sign and of Chvostek's sign was discussed.

More attention has been paid recently to so-called *chronic tetany,* with the tetany face, disturbances of growth of the enamel of the teeth, perinuclear cataract, nervous symptoms, etc.

DISTURBANCES OF THE THYMUS GLAND.

Clinically the status thymicus or status thymicolymphaticus is the most interesting. It manifests itself in children by enlargement of the tonsils, and of the lymph glandular tissue generally, and by signs of enlargement of the thymus gland. These children may have seizures of asphyxiation, if, on crying, they throw their heads back. They turn blue, show convulsive jerkings, become unconscious, and later become relaxed. Fortunately most attacks are transient; occasionally a child dies in an attack. Sudden deaths in childhood from slight cause are often associated with the status thymicus. This is the so-called "thymic death." A "thymic asthma" is not uncommon in young people. In adults, the status cases are often recognizable by the hypertrophy of the lymphoid tissue, the smooth, thin skin, the hypotrichosis; in men, the transverse crines pubis

and the tendency to typus femininus in the pelvis and in the arching of the thighs.

DISTURBANCES OF THE HYPOPHYSIS.

This gland consists of three parts, anterior, posterior and intermediary. The functions of these parts and the clinical phenomena associated with lesions thereof are well described in Cushing's admirable monograph.

The two clinical pictures with which every practitioner must be familiar are: (1) acromegaly, due to hyper-hypophysism, and (2) dystrophia adiposo-genitalis, due to hypo-hypophysism. In each there may be a dys-hypophysism, rather than a strictly hyper- or hypo-condition.

In *acromegaly* the prominence of the acra, the broadened nose, the sharp upturned and curved chin, the projecting malar bones and supra-orbital arches, the oval or hexagonal face (the so-called nut-cracker profile of Punch), the prominent occipital protuberance, the transverse groove in the skull above this protuberance, the spade-like hands with sausage-shaped fingers, the enlargement of the feet, the kyphosis, and the radiographic formula of the skull, especially the changes in the region of the sella turcica, are characteristic.

In *dystrophia adiposo-genitalis* we see endogenous obesity, associated with general hypotrichosis of the body, and with failure of the secondary sexual characters to develop normally.

(Lantern slides illustrating these two types of hypophyseal disease were thrown upon the screen.)

DISTURBANCES OF THE FUNCTION OF THE GONADS (SEX GLANDS).

The testes in the male, and the ovaries in the female, consist of two parts: (1) a *germinative part,* giving rise to the spermatozoa and to the ova respectively, and (2) *an endocrine part,* giving rise to the internal secretion, which is all important for the closure of the epiphyses and for the development of the secondary sexual characters.

When this internal secretion is lacking in early life, as in *eunuchs,* the individuals grow very tall and have very long slender arms and legs. The axillary and pubic hair develop abnormally. The voice remains child-like. The patients may or may not become obese, and the distribution of the fat is characteristic.

(Lantern slides were thrown upon the screen illustrating these features.)

The peculiar sect known as the Skopzi (in Russia and the Balkan Peninsula) practise mutilation as a religious rite, the males being castrated and the females amputating their breasts.

(Lantern slides of representatives of this sect were thrown upon the screen, illustrating the peculiar characters of these eunuchs.)

Eunuchoids are individuals in whom the testicles remain rudimentary in development and physically they resemble eunuchs.

Symptoms due to insufficiency of the internal secretion of the interstitial cells of the ovary in females were also described.

Brief reference was made to so-called states of *hyper-genitalism,* in which there is an over-activity of the internal secretion of the gonads. This is sometimes due to primary disturbance in the gonads themselves, but more often, apparently, is secondary to over-activity of the inter-renal system, as in hypernephroma, or to tumor of the pineal gland (epiphysis). Little girls sometimes menstruate between the second and fourth year of life (*menstruatio praecox*), and little boys of four and a half years may have fully developed secondary sex characters with external genitals like those of an adult (*Pubertas praecox*).

(A lantern slide illustrating a case described by Frankl-Hochwart was thrown upon the screen.)

* * *

If one is familiar with such types as those discussed above, it is easier to understand the *mixed cases* so often met with in practice.

RADIOGRAPHY OF THE STOMACH AND INTESTINES.*

By CHARLES FREDERICK BAKER, M. D.,
Newark, N. J.

To begin properly I should state that I claim no originality nor priority for *most* of my paper, having borrowed with zeal from the best literature in order to bring the subject logically before you in proper sequence and having added from my own experience my observations and deductions made on cases, nearly all of which I have followed to operation. Those not followed or not operated will be so stated at the proper time.

The diagnosis of stomach and intestinal lesions has been greatly helped during the

*Read at the 148th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 29, 1914.

ast two or three years by the improvement n X-ray technique.

The delineation of stomach and intestine s made possible by the introduction of the paque meal and clysma. The material sed is always a heavy, insoluble salt. Formerly bismuth subnitrate was used, latterly the subcarbonate and oxychloride of he same metal. Barium sulphate (made specially for the purpose of radiography, o wit, relieved of any poisonous contamination) is now probably used to a greater xtent than either of the ones previously nentioned on account of its lessened cost. Any amount of bismuth subcarb or bismuth oxychloride or barium sulphate may be ingested or given by clysma without poisonous effects if the salts be absolutely pure or non-contaminated, because of their insolubility. In the use of the subnitrate of bismuth however there have been instances of severe nitrate poisoning.

It must be remembered that in photographing the stomach and intestines we are only photographing the opaque meal which coats the inner walls of the organs, and that he interpretations of lesions, kinks, etc., must be made with the possibility in mind hat any irregularlity in contour of an organ may be due to the failure of the opaque substance to thoroughly coat its lumen. For his reason it is not only desirable but absolutely essential to take many pictures of each case, especially in stomach work showing the same irregularity on several plates before deductons are reasonably certain.

This examination should be combined with fluoroscopy to determine as much as possible with the eye, noting the filling phenomena and studying the character of the peristalsis.

There seems to be a great diversity of opinion among roentgenologists as to the relative values of roentgenography and roentgenoscopy. The fluoroscope is chiefly relied upon by some, an occasional roentgenogram being made to record whatever facts are noted. While others use the fluoroscope less and believe in making a series of plates, relying upon whatever lesion may be present to appear in several of the series. An organ which is constantly changing its outline through muscular contraction and relaxation cannot be expected to appear the same on each plate. It is found however that any serious deviation from the normal will easily be noted on many, if not each plate of a series of a dozen or more.

Stomach: The stomach anatomically is described as consisting of fornix, or the arched cavity to the left of the oesophagus, the corpus or body, and the sinus, forming the saccus digestorius; and the canal of exit, viz the canal egestorius extending from the sinus to the pylorus.

The investigations of Dr. Gosta Forssell, of Germany, have shown that the form of the stomach is produced solely by degrees of contraction in its walls, but also that each portion possesses an organized and constant anatomical structure; that is, a typical muscular architecture which produces in the Roentgen picture characteristic forms and typical contractions. The main bundle of supporting fibres is attached to the oesophagus and passes downwards along the lesser curvature, then obliquely across to the greater curvature. It is not a true sphincter but a thickened band of muscle fibres.

The muscular structures of the pyloric canal, sinus, corpus and fornix are all different in the relation of their muscle fibres to the supporting apparatus.

The normal stomach is variable in form and position according to certain types, all of which must be considered normal since each is capable of performing its normal function.

These groups are hypertonic, othotonic, hypotonic, and atonic. Schlesinger has shown that these variations in form are simply due to differences in the habitual tone of the musculature. Holzknecht says that he has never seen the hypotonic form in women and considers the first three normal in men, and the last three normal in women.

The emptying time or normal period taken to empty these stomachs of the Rieder meal is an additional control in differentiating each type. The hypertonic requires only two to three hours to empty itself; the orthotonic three to five hours, the hypotonic four to six hours and the atonic six to eight hours. All of which are normal emptying times for that particular form of stomach which is designated. For types three and four a delay of six hours would be normal whereas for type number one it would indicate some abnormality either spasm or obstruction. In type four even eight hours delay would lead to no suspicion of either spasmodic or permanent obstruction.

The form of the normal stomach and its position depend largely upon the shape of

the abdomen of the individual. When the intercostal angle is wide and the upper abdomen broad, the stomach assumes an oblique position. With a narrow upper abdomen and a more acute intercostal angle the stomach is more perpendicular. Thus in some individuals an atonic form is normal and functionates perfectly, while the same type in a person of different build but incapable of emptying itself, is the result of ptosis.

The motor functions of the stomach are studied by a consideration of its form, emptying time and the varying depths of peristaltic contractions; also the form of the residue remaining in the stomach following the normal elapsed emptying time.

Peristalsis: A wave of peristalsis has been found, by repeated fluoroscopic examinations and by experimentally producing two or more exposures on one plate, to travel about an inch per second along the greater curvature. Therefore the time occupied in traveling from the fundus to the pylorus does not exceed ten seconds. A gastric cycle, viz the contraction and relaxation, or systole and diastole, occupies about two or three seconds.

There has been much controversy regarding what is a normal stomach peristalsis as there have been noted by Cole and others several types, viz: One cycle type; one and one-half cycle type; two cycle type; three and four and five cycle type; as evidenced by the number of peristaltic contractions seen. (A slide was shown to illustrate the peristalsis.) The contractions are very marked. The peristalsis is of the four cycle type. The next slide shows a hypertonic stomach or a number one type of the first lantern slide. Marked contractions two cycle variety. Stomach high up and transversely placed, intercostal angle wide.

The next slide shows a hypotonic stomach well placed, showing three marked peristaltic waves. Another slide exhibits the stomach which empties itself promptly, no bismuth seen in stomach, at end of six hours, the bismuth column having advanced normally to the ileum and caecum. Another slide presents another example of an orthotonic stomach with marked motility. The next slide gives an example of the atonic stomach, the greater curvature extending as low as the pelvis, practically no peristalsis being evident. This stomach showed a marked residue after seven hours which might still be considered normal for this type. This patient was suffering from severe malnutrition. On operation the stomach was found not to be effected by ulcer or cancer. What the patient did have was non-rotation of the colon.

Pathologic Changes; The changes from the normal noticed roentgenographically are those of position, form and emptying time. Changes in form and position are frequently the result of outside causes, viz tumors, adhesions, etc. Among these may be mentioned the following: pregnancy, ascites, fibromyomata ovarian cysts, hypertrophies of liver, spleen, kidneys or tumors anywhere within the abdomen. The next slide shows a stomach pressed upon by a large mass within the abdomen, not within stomach. This patient is still living and refuses operation.

After eliminating the above causes, bands and adhesions must be considered. I had one case which on operation showed adhesions between under surface of liver and duodenum, and another case where on operation a mesentery was found for the entire duodenum. A description of the operative findings is as follows:

"Membrane analogous to Jackson's membrane enveloping the pylorus and first portion of duodenum anteriorly. Freed. Plastic operation on jejunal kink one inch below transverse mesocolon. Dilated and prolapsed stomach. Caecum mobile without dilatation. Posterior gastro-jejunostomy. The duodenum was greatly dilated above the kink, the arms of which were adherent to each other and to the under side of the transverse mesocolon. No ulcer was found. The patient is much improved in health and relieved of her constipation."

These bands and adhesions are sometimes eliminated by fluoroscopic examinations. One method is to require patient to forcibly exhale and then with glottis closed make a forced inspiratory effort, not allowing any air to enter the lungs and at the same time retracting the abdomen. In this manner the diaphragm is raised, moving these organs attached to it and adhesions between them and the stomach noted by causing or failing to cause movement of stomach.

The most obvious and frequent change noted in the stomach is ptosis. Ptosis is a term which cannot accurately be applied to the stomach. The cardia never loses its support and the pylorus rarely unless a mesentery be found to the duodenum. What actually occurs is an atonicity of the masculature, allowing a sagging of the

body and caudal pole, producing a dragging out of the pyloric extremity, forming to a greater or less degree the so-called "drain trap" form.

In a gastroptotic stomach the food is seen to fall through the corpus and lodge immediately in the sinus. The lower border descends below the umbilicus and sometimes to the pubes or pelvis. The lower portion is distended with the bismuth meal while the walls of the corpus are approximated, show indistinctly where traces of bismuth only remain deposited on the mucous membrane. The peristaltic waves are almost absent in the erect posture and deeper in the horizontal, showing the necessity for the latter position in treating these cases medically

In ptosis with atony the stomach is incapable of emptying within the usual time, and a residue is shown six to eight or more hours later. This is due to the poor muscular contractions added to the increased length of the organ, the distance between the first portion of the duodenum lowest portion of greater curvature being increased to sometimes twice the normal.

In the most pronounced ptosis the pylorus may lie as low as fifth lumbar vertebra.

ULCER.

The diagnosis of gastric ulcer is one of the greatest advances made in this work.

Simple ulcer, involving only mucosa, is very difficult to diagnose. Penetrating ulcers involving the muscular wall are recognized more easily and perforating ulcers of the callus type can be recognized with the proper technique.

The characteristic picture of a perforating ulcer shows a distinct mass of bismuth in a diverticular process on the margin of the stomach shadow. Haudek first drew attention to the symptom complex characterizing perforating ulcer.

One of his cases showed a small hollow diverticulum just outside outline of stomach and communicating with it either directly or by means of a narrow canal. This pocket was filled with bismuth just as if it were a little stomach; above was the air bubble, and below the fluid contents, while at the bottom was the bismuth. Further symptoms are immobility of the diverticulum by palpation and a feeling of resistance at the indicated spot with great tenderness on pressure. The diverticulum may remain filled after the stomach empties itself. These perforations may occur on lesser curvature, anterior or posterior walls and the patient must therefore be rotated to take a lateral view, otherwise the presence of perforations on the anterior or posterior walls would be hidden by the mass of bismuth in stomach.

The favorite seat of callous ulcers is the lesser curvature, the contraction giving rise to a shortening in the length of the curvature. This gives rise to a pulling of the pylorus to the left, and a difference in outline of residue left in stomach. It penetrates forward and to the right and shows respiratory movements which are absent in perforation of anterior wall of stomach. In the course of a few months Haudek met 28 cases of this variety, the diagnosis being confirmed in 15 cases by operation. In many of these cases there was absence of free HCL and the presence of lactic acid, and elongated bacilli, which gave rise to the suspicion of carcinoma. A characteristic indication was the repeated recurrence of symptoms of gastric carcinoma with long periods of remission. Haudek also has shown that a penetrating ulcer may frequently exist without any hour-glass contraction. In perforating callous ulcer and in florid ulcers with or without penetration the residue in the sinus has a sharp, straight, almost perpendicular outline on the right side with the shadow in the bulbus duodeni or cap to the left of the umbilicus and nearly above the sinus.

In carcinoma of the pylorus the residue has a poorly defined, jagged right border, while the bulbus duodeni or cap is well to the right of the umbilicus. In stenosis of the pylorus the stomach shadow is broader and drawn out, extending to right and left of median line, while the shadow of the cap is far to the right.

Penetrating Ulcer—Instead of a rounded diverticulum filled with bismuth and gas there is only a slight bud or spur-like projection from the profile of the stomach shadow. To detect small projections the patient should be rotated, bringing various points of the stomach in the profile. The right lateral position is of practical value in these cases as it makes the lesser curvature the dependent portion of the stomach and it is here ulcers are often located.

Simple ulcers involving merely the mucosa are very difficult to recognize as there is no retention nor adherence of the bismuth to it. They are characterized, however, by a deep indentation on the greater curvature opposite to it. The indentation persisting for a very long time, namely,

during every exposure taken in a series following ingestion of the bismuth meal for the purpose of examination is strongly suggestive. The florid flat or indurated ulcers are also difficult to recognize. If much erosion and ragged defects in mucosa exist they can possibly be recognized when brought into the profile line of the stomach.

All ulcers, especially those involving large areas of the lesser curvature, give rise to displacement of the pylorus and, according to some authors, to reflex spasm with delayed emptying of the stomach. Ulcers that lie in the pyloric portion are more difficult to diagnose than those of the remaining portion of the stomach. The diagnosis here must be based upon the obstructive signs. The spasm of the pylorus is more marked. There is decreased motility, and a large residue left after the normal emptying time, the peristaltic waves are more frequent, deeper, and more powerful in appearance.

BENIGN HOUR-GLASS CONTRACTION.

The pathologic sequel of callous ulceration of the lesser curvature resulting from extension and later contraction is benign hour-glass contraction. Pseudo-contractions are the result of apparently various neuroses producing spasmodic contractions of the greater curvature. They cause a deep infolding of the greater curvature about the corpus. There are sometimes normal but very deep contractions which should not be mistaken for hour-glass. This type must be differentiated from benign or malignant hour-glass contraction and also those caused by extra gastric conditions. These latter have been found to be due to anomalies of the large intestine bound by intimate adhesions to the greater curvature.

Hour-glass contractions of the stomach result from organic changes in its musculature or from spasm; however organic changes are the most frequent cause of hour-glass contraction.

The benign hour-glass stomach is the sequel of callous ulceration of the lesser curvature—the contracting scar tissue drawing the greater curvature over toward the thickened lesser curvature. On this account the connecting canal between the two uncontracted portions lies near the lesser curvature, while in malignant hour-glass stomach the connecting canal is centrally located. The filling phenomena are characteristic. The meal collects in the upper sac and gradually passes to the lower through the connecting canal, sometimes requiring hours to distend the lower part of the stomach.

MALIGNANT HOUR-GLASS CONTRACTIONS.

The concentric invasion of the corpus by cancer causes malignant hour-glass contraction. It is the result of invasion from all sides and not due to a circular contraction of the walls of the corpus. It spreads not only concentrically but upwards and downwards along the wall of the stomach. There is not only a division of the stomach into two portions but a ragged deficiency of the stomach silhouette as well. The spreading of the disease concentrically places the connecting canal in the centre of the stomach. This canal is larger, more ragged in outline and, as a result of upward and downward extension of the growth, has a funnel shape at entrance and exit. The emptying time is not delayed unless the pylorus is involved, owing to the food passing through the funnel-shaped connecting canal immediately to lower pole of stomach. The length of the connecting canal is greater in carcinoma, since more of the stomach wall is involved. The length is less in ulcer owing to the contracting scar tissue.

The contraction of the complete stomach in length is quite different in ulcer and in carcinoma. With ulcer there is considerable shrinkage with comparatively little alteration in the walls unless the ulcer be old and cicatricial hour-glass contraction be present, while in carcinoma there is a very considerable infiltration of the walls with comparatively little shrinkage. Hence marked diminution of the length of the stomach in carcinoma is an indication of a diffused infiltration in its later stages affecting almost the whole organ.

With the so-called florid type of ulcer there is often some disturbance of motility, viz., bismuth residue after the normal emptying time, even when there is no obstruction to the pylorus. This may be due to various factors, viz.:

1st—Dragging on the pylorus. I exhibit a slide which shows a delayed emptying time, undoubtedly due to atonicity with dragging on the pylorus. Bismuth is also seen in a very much prolapsed large intestine all within the pelvis.

The 2nd cause of delayed emptying without obstruction is spasm of the pylorus.

The 3rd cause is lengthening of the reflex closure, due to hyperacidity. This is the so-called Mehring's phenomenon, and is due to the reflex action of the duodenum, which, stimulated by the hyper-acid ingesta,

spasmodically closes the pylorus, the relaxation of which does not occur until neutralization of the acidity takes place by the fluids or secretions found in the duodenum. This markedly delays the emptying of the stomach. Dr. Palfrey, of Harvard Medical School, in the June, 1913, Journal of the Medical Sciences, recommends the exhibition two hours after meals of ox gall tablets with salol coating, the object being to furnish the duodenum with the only available material we can furnish simulating its normal content for the purpose of neutralizing the hyperacidity and to cause normal relaxation of the sphincter pylori, thereby hastening the emptying time and relieving the symptoms of pyloric and duodenal ulcer. My experience is that the ox gall relieves these cases very much.

I had a case where the residue was undoubtedly the result of spasm. The stomach was well held up, the patient suffered from hyperacidity. No ulcer was found radiographically. No operation. Another case in which the residue is probably due to adhesions or hyperacidity. Patient not operated upon. Still another case where the cause of residue was unknown, probably a case of adhesions; a slide showed the accumulation in small intestine near stomach residue and the cob-webbed appearance connecting the two. There is also a delayed emptying of small intestine, the outline of which is distinct. At the time this picture was made (six hours after the meal) the bismuth should normally appear in caecum and lower ileum in a practically continuous shadow.

Another case—hyptonic form—in which the cause of retention was unknown; stomach moderately high. There was a spot of bismuth high up near cardia, possibly coating ulcer involving only mucous membrane. Patient not operated upon.

Haudek's Double Bismuth Meal.—This has facilitated the study of the motility of the stomach. For this purpose the first bismuth meal is taken at home five and one-half to six hours beforehand and roentgenograms made at the office of the residue remaining at the expiration of that time. A second bismuth meal is then given and the ordinary examinations proceeded with.

A roentgenogram taken in a case showed the disadvantage of this method. This was a case of duodenal adhesions noted at operation. The shadow of first meal partly obscured the image, making the interpretation difficult. The only advantage in this method, to my mind, is in the saving of time and trouble to patient.

The relations of the caudal pole to the cap or bulbus duodeni may vary greatly in pictures taken in vertical posture.

Differences Due to Posture.—The time of evacuation has been studied with reference to differences in posture, namely, lying on the right or left side. Both in normal and abnormal cases the evacuation time is much shorter when the patient lies on the right side or even when erect than when lying on the left side. As might be expected, the position on left side delays evacuation. This is a valuable indication for treatment. This difference between right and left position varies with different patients.

In pyloric insufficiency with hypermotility the difference vanishes, while in pyloric insufficiency without hypermotility the right side position greatly accelerates the evacuation.

Before proceeding with the mallignant lesions of the stomach I will exhibit a few more slides of ulcer of pylorus and duodenum showing the following conditions:

(1) A normal looking cap and sphincter.

(2) Distortion of cap in case of duodenal ulcer. Operation.

(3) A worm-eaten cap typical of duodenal ulcer. Had hunger pains of duodenal ulcer extending over years relieved for a time by diet. Operation showed duodenal ulcer.

(4) Distortion of cap and pyloric end of stomach due to ulcer. Note wedge-shaped sphincter. Operation.

(5) Amount of retention six hours later. Quite enormous. Note wedge-shaped appearance of sphincter. Typical of pyloric ulcer.

Slides taken within a very few minutes of the meal and of each other depicted an ulcer in the pylorus. In one case I was fortunate enough to show the lesion on almost every plate. The exposures were made in series of two and so rapidly that each set of two, when viewed in the stereoscope, gives a stereoscopic picture of the ulcer.

CANCER OF STOMACH.

The X-ray examination in early cancer may be very inconclusive while very convincing in later stages with great deformity. In early cases, however, our suspicions may be aroused by certain deviations from normal in size, shape and density, distortions or lack of motility.

In some of the early stages the picture may resemble that of ulcer. Bismuth residue after six hours indicates atony or some form of pyloric obstruction either spasmodic or organic, and the radiographs of ulcer or cancer near the pylorus, and of pylorospasm accompanying gall bladder or appendicular disease may be so similar that a differential diagnosis by this form of examination alone is impossible.

In ulcer and cancer we may have the same drawing of the pylorus upward and to the left as generally found in ulcer. All we can say in such cases is, there seems to be an organic pyloric lesion, the exact nature of which can be determined by clinical history, physical examination, gastric analyses and the clinical course of the ailment, possibly even then operation alone will decide. The evidence of adhesions may be present in both conditions.

According to Holzknecht, a diagnosis of early carcinoma can be made in a patient with achylia if six hours after the meal, bismuth is found in stomach, provided that the head of the bismuth column has at this time reached the splenic flexure, and that the second bismuth meal shows a normal stomach shadow. His reasoning is that normally the head of the bismuth column should in six hours reach only to hepatic flexure. We are dealing with hypermotility when the column reaches splenic flexure in six hours, which, when the pylorus is free, is a regular accompaniment of achylia. The bismuth residue, moreover, demonstrates an achylia with stagnation. The stipulation that the contour of the stomach after second meal should be normal would exclude atony and many of the cases of ulcer.

To demonstrate Holzknecht's statement regarding the hypermotility and rapid progress of the meal to the splenic flexure in six hours I had two slides made of patient suffering from cancer of the pylorus. The case was in an advanced state involving the pancreas and was found inoperable on exploration. The first plate showed the region of the pylorus contracted to a small lumen, the edges marking the encroachment of the growth showing, in contrast to the dark stomach shadow, the lumen narrowing suddenly. The shadows at this point were irregular and ragged. All quite typical of circular carcinoma of the pylorus. The second plate showed bismuth as far as the splenic flexure.

These two slides simply demonstrated the statement concerning the more rapid progress of the bismuth to the splenic flexure in achylia. This was not an early carcinoma and could be diagnosed on the outline of the stomach shadow alone. Holzknecht's claim that suspicions of carcinoma should be aroused on observing these facts seems to me to be an important matter.

Holzknecht says: "These advances in Roentgen techinque enable us to give a definite opinion regarding the possibility of resection rather than operability, since glandular metastases and outgrowths may render an operation impossible and these are not recognized by the X-ray."

Haudek finds that the case is operable so long as the stomach retains its hook form, while the short and small, diagonally placed stomach is inoperable. Even large tumors, which required removal of 5/6 of the entire organ, proved to be operable as long as the stomach retained its hook-like form, and this whether or not pyloric stenosis was present. On the other hand, a small palpable tumor high up combined with pyloric insufficiency and stenosis of the cardia proved inoperable.

The retention of the hook form indicates that the affected portion of the stomach is not too great and that the diffused carcinomatous infiltration and shrinkage is not too extensive.

I have three slides, one showing a carcinoma of greater curvature involving the colon, a sinus communicating between stomach and colon with faecal vomiting; the second giving a lateral view of same, showing indentation on greater curvature made by the growth, and the third a view of same patient after bismuth clysma, showing a clear space which designated the growth involving colon as found at operation.

INTESTINES.

To obtain pictures of the intestine sufficient time must be allowed for the bismuth to reach any given portion of the canal. I show a slide which portrays the normal amount of peristalsis, in different parts of the large intestine. The rate of travel of the meal is so rapid in the small intestine that the bismuth is usually seen in flecks or finely sub-divided shadows throughout the abdomen, unless the patient be fed bismuth persistently over a considerable period.

Radiography has proved of greater use in diagnosis of abnormalities of the colon than of any other portion of the intestine.

In the normal patient without catharsis the end of the 4th hour the caecum can generally be made out; by the 6th the ascending and possibly the first portion of the

transverse; by the 10th the splenic flexure, and by the 12th the sigmoid. By the 30th the transverse colon is usually empty, the remaining bismuth is seen in descending colon and sigmoid, and rectum.

If the colon in its entirety is desired to be seen, after the usual stomach examination is completed and opportunity given to empty the large intestine by waiting 50 to 72 hours, a bismuth clysma consisting of three ounces opaque salt, 12 ounces mucilage of acacia and 20 to 30 of water is given, with the patient lying on the left side. Five or ten minutes later the plates are then made stereoscopically, in viewing which the antero-posterior relations of the different portions with regard to each other can be clearly noted.

In looking over my slides of the large intestine I found it quite difficult to pick out one fulfilling all requirements of a normal case. One case showed it with one exception, viz., adhesions between the ascending colon and first portion of transverse colon. Operation.

While congenital non-rotation of the colon is quite rare, I have one slide indicating failure of rotation. The operation which I had the good fortune of witnessing proved the accuracy of the X-ray findings. The duodenum, which is not shown on the slide, had a mesentery throughout, the caecum, ascending, transverse and descending colon occupied a position in the left hypochondrium folding backward and forward on itself, being bound together with adhesions. The patient was over 40 years of age.

In the normal progress of the chyme in duodenum and small intestine the movement is by irregular jets. This characteristic movement is altered in cases of duodenal stenosis. Here instead we see a slow oozing and the intestine outlined as a sausage-like mass.

With regard to peristalsis of the colon. A long, cylinder-like mass of the colon content in a few seconds is rapidly moved forwards for a considerable distance and then remains immovable for hours. This does not correspond to earlier observations in which it was believed to have occurred but two or three times daily.

This advance by jerks occurs not three but six or eight times in 24 hours, the number of displacements varying with different individuals. This is totally at variance with the older theory of a slow, continuous progress of the intestinal contents. The real motion is quick and sudden, and thus the colon is compared to other hollow viscera which are evacuated by sudden contractions after a long pause.

In pathological conditions the peristalsis becomes greatly altered, principally by a slowing down of contractions. We have: 1st, the purely rectal constipation with good motility of the colon; 2nd, we have the circumscribed delayed motility of the caecum and ascending colon, which is probably due to atony of the caecum; 3rd, we have also the caecum mobile et atonicum of Wilms, which may give rise to symptoms which are mistaken for appendicitis. Here the caecum is abnormally large and deep seated in the pelvis, often movable.

The caecum mobile is a pathological condition upon which much stress has lately been laid. As the normal caecum is often excessively mobile it is difficult to state what is pathological.

The varying position of hepatic flexure and transverse colon in perfectly normal individuals with no symptoms referable to this portion of intestines makes it difficult to say what is a pathological ptosis. Ptoses of large intestine generally accompany general ptoses and those of the stomach.

I have one slide which shows a ptosis, the hepatic and splenic flexures are quite low. But this it not a marked case.

Tuberculosis of the large intestine and ileocaecal region is more common as a cause of stenosis than tumors. It is to be suspected if bismuth does not reach caecum in from four to five hours. When tuberculosis does produce stenosis it may be apparent by defects in the bismuth shadow. These should be produced on several plates, however, as there often occurs defects due to spasm or exaggerated tonicity.

The study of constipation and obstipation has been carried out by various investigators by the Roentgen method. Constipation has been further divided into hypokinetic, dyskinetic, forms and dyschesia.

In hypokinetic form there is a lack of muscular tone and motor stimuli occurring in any part of the colon. There may be a ptosis but not necessarily.

In the dyskinetic form there is an excess of motility with antiperistalsis of marked degree. The lower colon and rectum may be filled in the normal time but through an abnormal segmentation and retrograde movement evacuation is delayed. The faeces may be seen as small discrete masses throughout intestine.

In dyschesia the colon is normally active, the food reaching the rectum in normal

time. The delay is entirely in rectum. This is the result of an excessively distended ampulla recti so that an abnormal amount of faeces is necessary before the requisite stimulus to defecation is present.

I have a very few plates of large intestines which will only take a short time to show.

(The following were then thrown on the screen.)

1. A case of dilated colon. The caecum, ascending, transverse and descending colon are immense. Sigmoid average size.

2. Same patient—shows delay in progress of bismuth through colon. This view was taken 50 hours after meal and before clysma.

3. This and the following slide were taken of a patient much weakened by her affection, gallstones and cancer of stomach. There is nothing especially to be noted here excepting that the bismuth is entirely within the large intestine.

4. Taken five or ten minutes later, shows patency of ileocaecal valve, the bismuth having passed from caecum into ileum.

5. The next slide also indicates a patency of this valve.

6. In this slide we have the splenic flexure well held up, the hepatic flexure also in about the normal position, the transverse colon passing way down to the left iliac fossa before ascending to splenic flexure.

7. Shows the residue in rectum and descending colon 50 hours after meal. This indicates lessened motility.

8. Same case after clysma shows large, and long colon, caecum hanging over brim of pelvis, appendix long and kinked upon itself twice.

9. Taken 24 hours after a bismuth meal; shows delayed column still remaining in first part of transverse colon. The appendix shows clearly, is long and apparently free.

10. The flexures are well held up, but the transverse colon is lower than normal, crossing abdomen below umbilicus, causing a folding downward, sharply bending at the flexures and point where it begins to cross abdomen.

11. Is the intestinal picture of the case mentioned of cancer with sinus between stomach and colon. The light area marked T. C. represents the location of the tumor mass involving the transverse colon, the bismuth passing by it but apparently sidetracked around the mass.

12. This intestine was held at a higher level than any I have seen. Nothing pathological was discovered, although on taking the next picture a light area was noted near splenic flexure in descending colon. This was due to gas interfering with the bismuth shadow and disappeared on giving the second clysma, emphasizing the need of care in interpreting roentgenograms of these cases.

There has been great and revolutionary progress in gastro-intestinal diagnosis in the past few years, to no small part of which we owe the Roentgen method. Through this means a new living anatomy, physiology, pathology and symptomatology will eventually be written which will greatly increase the efficacy of treatment of lesions and abnormalities of the alimentary tract.

SOME OF THE HISTOLOGICAL CHANGES FOUND IN TABES.*

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The object of this paper is to set forth briefly some of the histological changes, which are found in the spinal cord in tabes dorsalis. It is generally accepted, that this disease exhibits itself by degeneration of the posterior columns with the initial lesion probably in the posterior root ganglia.

The pathological process in this condition is considered by Alzheimer and others as identical with that process which is found in the brain in paretic dementia.

In 1875 Fournier suggested, that locomotor ataxia, which had been described about twenty years previously, was syphilitic in orign, but like similar suggestions regarding paretic dementia, this was received with doubt by authors like Westphal and Erb. However, Fournier maintained his opinion and a few years later brought forward more statistics of a nature that convinced most of his former opponents.

In 1903 Pierre Marie claimed tabes to be a syphilis of the spinal meninges and that the posterior part of the pia alone underwent inflammatory changes, involving the posterior spinal roots, which resulted in the posterior columnar degeneration. Ford Robertson claimed it to be due to a diphtheroid bacillus, which gained entrance through the mucous membrane of the ali-

*Read at the 148th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 29, 1914.

mentary tract. Strumpfel believed it to be due to a toxin produced by syphilis and not to the disease itself.

The introduction of the Wassermann reaction in 1906, giving a high percentage of positives with the spinal fluid in tabes, established its relation to syphilis and the demonstration of the treponema pallida in tabetic cords defeated Strumpfel's theory and placed tabes among the active syphilitic diseases.

The material for this paper was taken from nine typical cases of tabes in all stages of degeneration; that is, the degrees of degeneration ranged all the way from a loss of a few fibres in the entering root zone to a complete destruction of the posterior columns. Numerous cases examined, which were complicated by paresis and cerebral syphilis, were discarded and form no part of this paper. It is unfortunate that only a small number of the posterior root ganglia were preserved with these tabes cases. Some of the midbrains also had been removed, making it impossible to carry out any conclusive work regarding their histological changes.

The following histological methods were employed:

Toluidin blue and thionin for ganglion cells, Weigert's glia stain for glia cells and fibres, Mallory's stain and Alzheimer's modification of Mann's stain for axiscylinders and ameboid glia cells, Weigert's and Spielmeyer's stain for myaline sheaths, Hexheimer's stain for fat, Schennoff's and Van Giesen's stain for fibrous tissue, Una-Pappenheim's stain for plasma cells and a modification of the Levaditi stain for treponema pallida.

The pia, covering the cord, was found to be more or less thickened in all the cases examined. The same degree of thickening extended upward around the pons varolii. Beyond this point it was not so constant. The degree and distribution of the meningitis varied somewhat in each case; in some the pia was extensively thickened and in others only to a moderate degree. In some instances this pathological thickening was confined principally to the posterior convexity and around the posterior roots; in others to both the posterior and anterior convexities, but in the majority it was equally thickened all around the cord.

Fig. 1. Meningitis Cord.

The pia in all cases was infiltrated with plasma cells, large and small lymphocytes and a few mast cells. The degree of infiltration seemed to correspond in a way to the duration and extent of the posterior degeneration, as well as to the activity of the

Fig. 1. Posterior Meningitis, Cord.

process. The early and active cases had a marked infiltration, while those which were almost inactive and with extensive posterior degeneration had a scanty cellular infiltration. This was not a hard and fast rule, however, because in one case, in which the posterior columns were greatly degenerated, the plasma cells were very plentiful in the pia and around all the vessels, showing that the process was still active.

The pia in the anterior and posterior fissures was always thickened and more or

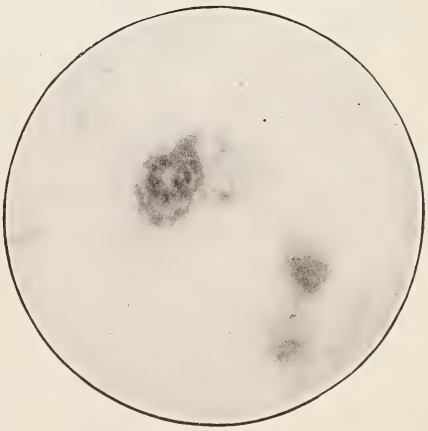

Fig. 2. Meningitis with plasma cell, Anterior central gyrus.

less infiltrated with cells. This form of meningitis with plasma cell infiltration corresponds very closely to the meningitis and infiltration of the cerebral pia in paresis.

The vessels in the pia, in practically every case, showed a more or less pronounced endarteritic process. The adventitial lymph spaces contained varying numbers of plasma cells and lymphocytes.

The pia covering the hemispheres was considerably thickened in some cases, but this change was not so constant as in the spinal pia. In those cases showing thickening there was always a few plasma cells and lymphocytes present.

The changes found in the pia covering the medulla and pons were much the same as those which were found in the spinal pia. For reasons mentioned, it was impossible to make a thorough study of the pia covering the base of the brain in the region of the optic tracts, but those which were intact showed considerable thickening of the pia with many plasma cells close to the optic nerve and very few in the surrounding region.

This spinal meningitis, which completely surrounded the cord (in the majority of

Fig. 3. Meningitis with plasma cell infiltration, Pons.

cases), disproves Marie's theory, that posterior meningitis induces posterior columnar degeneration. It was noted that there was no degeneration of the anterior spinal roots when meningitis was present in this region and no special alteration in the ganglion cells in the anterior horns.

It is scarcely necessary to describe in detail the degenerating process found in the posterior columns. It is well known that it is a secondary degeneration following a primary focus, the location of which is un-

Fig. 4. Plasma cell infiltration in adventitial lymph space, Cord.

known. There are various theories regarding its location, the most probable being the posterior root ganglia.

In the early beginning and moderately advanced cases there were numerous gitter and ameboid glia cells with more or less fat, while in far advanced ones there was no evidence of an active degenerating process, the columns being composed of a dense mass of glia cells and fibres with an occasional swollen and tortuous axiscylinder nerve fibre.

The penetrating twigs of the spinal vessels and the ascending and descending branches of the sulco-marginal vessels contain a varying amount of lymphocyte and plasma cell infiltration. This infiltration was extensive in most of the recent cases, but was very light in the far advanced ones; however, there were plasma cells present in every case. The plasma cell infiltration in the cord substance corresponded in intensity to the infiltration in the pia.

These plasma cells were present through the entire length of the cord, medulla and lower part of the pons, where they seemed to terminate. It was very exceptional to find plasma cells beyond this structure. In the few mid-brains which were examined plasma cells were the exception and not the rule.

The same condition existed in the cerebral cortex as in the mid-brain. It was uncommon to find a plasma cell or infiltration of any kind.

The intima of the vessels, in the tissue of the cord as well as in the pia, was generally thickened to a greater or lesser extent, but there were a few instances where the thickening was very slight or entirely absent; again, others were thickened to such an extent that the lumina were practically obliterated. This endarteritis, being rare in the brain, was more marked and constant in the spinal cord.

There was an enormous increase in the glial element in the spinal cord, in the majority of cases examined. The marginal glia was greatly increased and the anterior and lateral columns contained a very large amount of fibre-forming glia. This increase was not confined to the white substance of the cord, but the gray substance also was involved. In some cases the anterior horns presented a dense network of glia fibres, while in others it was very light. This gliosis was not a distinctive feature of the far advanced cases only, but was present in one or two instances, where the degeneration had involved only a very small part of the posterior columns while the plasma cell infiltration was intense.

In one case of long standing, where the process in the posterior columns was far advanced, there was no noticeable increase in the glial element in other parts of the cord. This gliosis was noticeable in several instances in the medulla and to a lesser extent in the pons.

There were numerous focal lesions scattered throughout the gray substance of the cord. The ganglion cells in the anterior horns and in Clark's column presented a varied picture of pathological changes. In the anterior horns, especially in the lateral processes, were many sclerosed ganglion cells; their processes were long and tortuous; their nuclei were either missing or displaced; the cell bodies were darkly stained and their granules were scanty or entirely lacking. Many of the ganglion cells showed extensive vacuolation, which gave little or no reaction to Herxheimer's fat stain.

Groups of glia cells (toten laden) were found in the gray substance and Nissl's hosen of axiscylinders were demonstrated in several cases.

The few spinal ganglia that were preserved with this material showed a very small number of ganglion cells. Many of these were sclerosed and vacuolated and contained a large quantity of dark green pigment.

The connective tissue capsules were

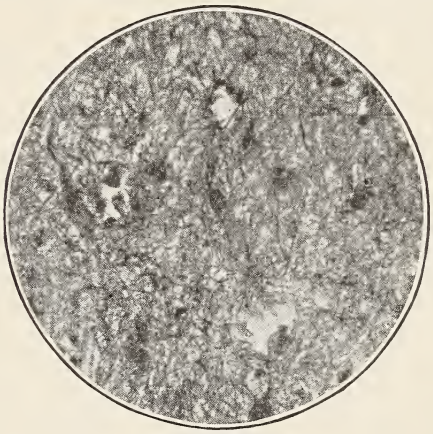

Fig. 5. Gliosis, Anterior horn.

greatly thickened and in many instances encroached upon the ganglion cells within. Numerous plasma and mast cells were everywhere present.

Several sections from each case were prepared by a modification of the Levanditi method to show the treponema pallida, but none was demonstrated. This failure to demonstrate them was probably due to the small number of sections examined and to the limited amount of time given to each section.

SUMMARY AND CONCLUSIONS.

Tabes dorsalis is a degeneration of the spinal cord due to an invasion and proliferation of the treponema of syphilis. There are various lesions and they are scattered quite generally throughout the cord and not confined to any one area or tract. The process involves both the gray and white substances. Meningitis is always present and in the majority of cases completely surrounds the cord. It extends upward around the pons and around the optic tract. It is frequently thickened over the hemispheres, but this is not at all constant.

There is always a plasma cell infiltration into the pia and in the adventitial lymph spaces of the vessels in the cord substance; this plasma cell infiltration is intense in the active cases, but scanty in the more inactive or long standing ones. It is seldom found beyond the pons varolii either in the nervous tissue or in the meninges.

The degeneration in the posterior columns is secondary and is only one manifestation of the degenerative process. The location of the lesion producing this colum-

nar degeneration is obscure. This posterior columnar degeneration in tabes and the pyramidal tract degeneration observed in paretic dementia are probably induced by similar lesions.

The glial element in the cord is usually increased both in the gray and white substances and is not only increased in the cases of long standing, but occasionally in the recent ones as well.

There are many focal lesions scattered throughout the gray substances. The ganglion cells of the anterior horns and of Clark's column are involved to a marked degree.

The meningitis, the plasma cell infiltration in the pia and in the adventitial lymph spaces and the glial proliferation in the gray and white substances are identical with those that are found in the brain in cases of paretic dementia.

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DISCUSSION.

Dr. Britton D. Evans said: The paper which has just been read is to my mind an important and interesting one, carefully and well prepared. Much of the data contained in it represents work done in the Laboratory of the University of Breslau by the author of the paper while studying under the direction of Prof. Alzheimer, one of the best Neuro-pathologists in Europe. As this paper sets forth, Tabes Dorsalis is not only a degeneration of the posterior columns of the spinal cord but of the anterior and lateral columns, the gray substance and pia as well. It has been satisfactorily and conclusively proven by Noguchi and Moore that Tabes Dorsalis and Paretic Dementia are due to syphilis infection. The treponema pallida appear to lie dormant in the body after the disappearance of the secondary lesions until they make their appearance in the central nervous system. Undoubtedly during this so-called dormant stage, the germs are busily invading the brain or cord and setting up their characteristic lesions, but are doing so in such a way that symptoms are not easily recognized. It is also probable that the syphilitic process continues to be a general one and is not confined to the central nervous system alone. In persons suffering from syphilis when the central nervous system is so attacked there is a high percentage of positive Wassermann reactions with the blood serum.

I am inclined to the opinion that there is a tendency among some writers to classify too freely those patients giving a positive Wassermann reaction as Paretics even though they show few or none of the clinical symptoms to establish such a diagnosis. This I look upon as a grave mistake. An insane person can contract syphilis if he is exposed to it as easy as a sane person and yet never develop into a paretic. Furthermore, if a person contracts syphilis and later becomes insane, his psychosis is not necessarily due to syphilis.

It is not my intention to obtrude upon you extensive remarks upon this subject. The advances which have been made in recent years as to the end results of syphilitic infections are more or less familiar to you. At the State Hospital at Morris Plain, over which I preside, we have done between five and six hundred Wassermanns, following the methods of the advanced schools of the world. We have followed these tests in such cases as would seem to call for active treatment with the administration of Salvarsan and Neosalvarsan but I regret to say that we have not been able to obtain the favorable results that some others claimed to have gotten. To contend that a diagnosis of Tabes or Paresis may be made upon a four plus Wassermann reaction is not

tenable, with our present limited knowledge of the subject. I am further of the belief that the diagnosis of Paresis on the Wassermann reaction, plus the cell count, is not reliable. It is possible I may be in error in some of my contentions but it is well known that a child may inherit syphilis and give a positive Wassermann reaction and later on develop a form of insanity which is not Paresis but Dementia Praecox. I do not contend that the dementia praecox in such a case is the direct outcome of inherited syphilis but if we should make a diagnosis upon the Wassermann reaction we should be forced to call what is clinically Dementia Praecox, a case of Paresis. It seems to me that there is a disposition to form conclusions upon data not fully analysed and that we are hasty in subscribing to theories before we have had time to properly deal with the findings upon which they are based.

Dr. Kiliani read a paper before this Society at a former meeting entitled "The End Results in Surgery." He emphasized either in the paper or in his remarks that there was decidedly too strong a disposition to rush into print with a report of cases as if for fear a delay would develop the fact that the results and even the diagnosis would have to be radically changed. What Dr. Kiliani said about the end results in Surgery, I fear applies equally to the end results of syphilis and it would be well for us to bear this in mind.

I thank you, Mr. President, for this opportunity of discussing this very interesting paper.

NOTES OF GERMAN SURGERY.

By John Hammond Bradshaw, M. D.,
Orange, N. J.

Without intending to convey any relation of cause and effect I am obliged to state that as soon as I set foot in Germany this summer, war broke out. Intending to visit a number of German surgical clinics I had, because of the hostilities, the opportunity of visiting only Hamburg and Berlin.

The Algemeine Krankenhaus Ependorf at Hamburg was well worthy of a visit. I was fortunate enough to find Kummell at work. He, although over sixty years of age, is one of the most active and progressive of German surgeons. The setting of the famous hosiptal is very beautiful. Although near the center of the city, it stands in a fine park of many acres. It is composed of sixty-five separate pavilions built of brick and terra-cotta—of two stories, each floor being devoted to a ward holding about sixteen beds. These buildings are surrounded by beautifully kept beds of flowers, plots of grass and statues of the noted medical and surgical men of Germany, the whole being intersected by finely paved roadways and walks, giving to the whole place an aspect of order and beauty seldom found in hospital surroundings. The operating pavilion stands by itself. Here the patients are anaesthetized and taken into one of the large modern operating rooms on the ground floor. After the operation the patient is put on a two wheel stretcher covered with blankets and leather curtains comprising a canopy over his whole body and wheeled to any part of the grounds where his ward may be located. This is done winter and summer and I am told the patient does not catch cold. The only anaesthetic I saw administered was chloroform. The main operating room where Prof. Kummell operates has remarkably good light. Besides the large windows in one end, there is a system mirrows situated in the skylight that concentrate yet diffuse the light upon the operating table and although the day was rainy on which I was there, I think the field of operation had the best illumination I ever saw. Kummell is a man with iron gray moustache and hair, looking at least ten years younger than his age. Before the time of operating we went through some of his reception wards where patients were reclining on beds or lined up in rows for his examination. Kummell speaks perfect English and took considerable pains to explain to me each case, asking me to examine the patient after he had done so. He is followed in the usual manner by a troop of medicos in the long linen coat that we all are given upon entrance. After the patient is on the operating table our attention is unconsciously called to several things that differ from our ways. In the first place, we notice all on the floor wear short rubber boots. Caps are worn but no masks. The hands are scrubbed with stiff brushes and a bright yellow cake of soap and gloves are put on dry sterilized. The field of operation is shaven and wiped thoroughly with ether and then painted with iodine as we do it. The instruments are kept under sterile solution in trays during the entire operation. The nurses who wear gloves are never permitted to touch an instrument but hands it to the operator with a special forceps which she uses with considerable skill. The nurse never threads the suture material which is kept in solution in several large two-quart jars having nickle tops with a small hole in each cover through which protrudes an inch or two of the catgut or silk. These tops are sterilized be-

fore each operation and the strand of suture is placed through the hole in the cap. It is surprising how convenient it looks to see Kummell grasp a strand of catgut, cut off the desired length and thread it himself. He thus always cuts off himself only the length he desires and easily picks out any size from the several jars that always stand just at his elbow. During even the preliminaries, the floor is swimming with water which the attendant plays with a hose and we now understand the raison detre for the rubber boots. The nurses themselves wear large rubber overhalls and often we observe their dresses wet ten or twelve inches from the hem. Sterile water abounds everywhere. Large basins of it actually surround the surgeons. Wet gauze wipes are used to the exclusion of all others. Those left in the abdomen for any length of time have long strings attached. The wound however and all the living pathology of the case is constantly bathed in sterile water. I think this impressed me more than anything else, not only explaining rubber boots but the universal use of rubber aprons under the sterile gowns.

The appendix is removed very much as is done at home, excepting the surgeon first finds the origin of the appendix from the caecum, perforates the meso appendix here with his forceps and if the appendix is free, clamps off the entire meso appendix, cuts and ties above his clamp, thus doing away with a ligature carrier and making but one tie for the entire meso appendix. The appendix stump is touched with iodine instead of carbolic solution and burried. Kummell is not a fast operator but exceedingly painstaking in the minutest part of his technic. He took over an hour in doing a gastrectomy but one felt that the life of the patient was being considered at every step. He would make a remark to his assistant and then turn and explain in English to me what he said. My whole experience at this hospital was different from what I had been led to expect for I had heard that scant courtesy was shown visitors. As it was I left feeling the warmth of true hospitality.

I was rejoiced to find that Koerte was in Berlin and still at work as so many of the great lights are out of town during the summer. Koerte operates at the St. Hedwig Krankenhaus, a hospital of about 700 beds, carried on by a catholic sisterhood. The hospital stands in a conjested quarter of Berlin and affords nothing of the beauty of the surroundings of the Ependorf at Hamburg. The operating room itself belongs to the last decade and has rather poor illumination from semi-circular alcove of windows at one end. Artificial light was used while I was there. The surgeons wear caps and a small mask somewhat like a small edition of the Esmarch chloroform inhaler which is tied over their mouths and chins leaving the nose exposed. It is light and practical and consists of several layers of gauze on a wire frame in the shape of a shield. Koerte himself wears rubber gloves. His assistants wear rubber gloves with cotton gloves over them. Both are dry sterilized. They claim that the cotton gloves give the wearer a firmer hold on retractors and tissues and enable them to grasp and tie ligatures more quickly. The field of operation is dry shaven with the patient under the anaesthetic, is then wiped with ether. I did not see iodine used. The skin has then poured upon it a solution called mastichose upon which is placed a sterile plaster which extends far beyond the point of incision on all sides. The incision is made in the usual manner but through this plaster which so adhers to the skin as to protect the wound from the field of work. The anaesthetic I saw was chloroform which is proceeded by two hypodermic injections of morphine and scopolamine at two and one hour intervals before the operation. One patient about to have his appendix removed stopped breathing and gave some alarm. But after six doctors had labored over him for some time with oxygen, artificial respiration, the operation went on and no further trouble was observed. The most interesting operation I saw Koerte perform was the excision of a very large malignant growths of the caecum requiring resection of over 30 centimeters of the gut. He excells in this line of work and as he asked me to stand by his side I could see each step of his technic. He made a long transverse incision through the muscles extending from the flank to the unbilicus, giving an unusually generous exposure of the growth. I had the greatest admiration of the masterly manner he met each problem of dividing the meso colon and resecting the gut, catgut and silk being used in such a manner that one felt absolute security against hemorrhage. Lateral anastomosis was performed between the ilium and tranverse colon by suture. I asked Koerte's assistant if Crile's method of anoci association was employed at all at this clinic and he asked me who is Dr. Crile?

Clinical Reports.

Injury of the Ulnar Nerve.

Dr. C. Woodward, in the Proceedings of the Royal Society of Medicine, reports the case of boy aged 15 years who fell on a spike and wounded his left wrist and palm. The wound was infected and healing occupied some weeks. There was paralysis of the interossei, ulnar lumbricales, and adductors of the thumb. Owing to the absence of sensory changes this lesion was prone to be overlooked at the time of the injury.

Needle Found in a Physician's Heart.

At an inquest on a physician who was found dead at the hotel where he was stopping, a curious condition was described. He was addicted to the cocain habit and a hypodermic syringe and tablets were found at his bedside. Death was due to cocain poisoning. In the heart was found a broken hypodermic needle. The medical evidence was to the effect that the needle had probably got into the vein and been carried to the heart. It had nothing to do with the cause of death. The brother of the deceased said that eighteen months ago the physician had in his possession a hypodermic syringe of which the needle had broken off.

Large Abdominal Wall Abscess of Unknown Origin.—Dr. Herman J. Boldt reported this case, which occurred in a patient who was five months pregnant for the third time. For three weeks she had had fever and at times was chilly. Examination revealed a hard mass in the abdomen about five inches in diameter in every direction. It involved only the parietes and though painful to pressure showed no fluctuation. On opening it about one hundred c.c. of foul pus escaped. No foreign substance was found in it. The walls of the abscess were about one inch thick and edematous. Bacteriological examination showed non-hemolytic streptococci in short chains. No other micro-organisms were found.

Erysipelas and Diabetes.

Dr. Welz reports a case in which a merchant of 52 convalescing from severe erysipelas of the face with slight participation of the heart, kidneys and liver in the infection, developed diabetes which gradually subsided again so that the urine was free from sugar by the twenty-fifth day. It reached 5.8 per cent. at one time. In a second case the diabetes had come on likewise during convalescence from severe erysipelas of the face; the patient was a previously healthy man of 49. The erysipelas had kept him in bed for four weeks and the diabetes following it proved fatal by the end of the sixth month. Severe organic changes were evident in both pancreas and liver at necropsy. There must have been some congenital predisposition to diabetes in these cases, he thinks, which was fanned into a flame by the severe erysipelas; without it or its equivalent the patient might have escaped the diabetes.

Paroxysmal Tachycardia.

Drs. H. G. Butterfield and G. H. Hunt, in the Quarterly Journal of Medicine, London, describe four cases of paroxysmal tachycardia, in three of which the heart was examined histologically. In the first case the facus from which the ectopic beats arose was diagnosed as being situated in the ventricles. Post mortem, the interventricular septum was the site of the most extensive disease. In the second and third cases the tachycardia was supraventricular in origin, in one case being auricular, in the other either auricular or nodal. In both these cases the most marked lesions were found in the neighborhood of the sino-auricular node. The histologic examination thus confirms the diagnosis made from the electrocardiograms. The fourth case was one of auricular origin; in the intervals between the attacks the patient enjoyed fairly good health.

Trismus Uteri.

Drs. Potocki and Sauvage, in Annales de Gynecologie et Obstetrique, Paris, report the decapitation of the foetus from spasmodic contraction of the uterus in a case of shoulder presentation at the middle of the seventh month. The mother was 17. The retraction was such that neither with the hand nor with instruments was it possible to evacuate the uterus during twenty-four hours of efforts. After the embryotomy, signs of infection became evident, compelling immediate action. Parotitis developed the day after the hysterectomy, probably a simple infection from the mouth favored by the repeated application of general anesthesia in the course of a few hours. The girl left the hospital in good condition a month later.

Bilateral Harelip and Congenital Bilateral Mucous Fistula in the Lower Lip.

Dr. A. H. Todd, in the Proceedings of the Royal Society of Medicine, reports the case of a healthy male infant aged three months, whose upper lip showed a wide bilateral cleft, with marked projection of the premaxilla, but there was no cleft in the hard or soft palate. The lower lip showed two small depressions, symmetrically placed, at a distance of about ⅛ in. from the midline; they were just large enough to admit the point of a small probe, and occassionally a bead of gelatinous secreion could be squeezed out.

Double Intranasal Dacryocystotomy for Lachrymal Disease.

D. R. Paterson, in the Proceedings of the Royal Society of Medicine, reports the case of a girl aged 16 years. "Watering" of both eyes noticed for three years. She had been treated two years ago for atrophic rhinitis, which was still present. About five weeks before admission a phlegmon appeared over the left lachrymal sac with the formation of an abscess or fistula. On the right side there was a blenorrhea of the sac, a quantity of thin pus being evacuated on pressure. West's operation of opening the sac from the interior of the nose was done on both sides. On

the right side the sac wall was overlapped by an affected ethmoidal cell, which was opened up; on the left it was necessary to resect the upper part of the septum in order to get room. The result of the operation was immediate and the fistula closed. The case illustrates (a) some conditions of the tear-sac brought about by stenosis, viz., blenorrhea of the sac, dacryocystitis, phlegmon, and fistula, and their dependence often upon a nasal affection; (b) the intranasal conditions usually met with in the operation; and (c) the advantages of the intranasal route to the lachrymal sac.

Purulent Pericarditis.

Dr. M. Francini, in Policlinico, Rome, reports a case in a previously healthy woman of 18; the acute pericarditis was well under way when symptoms of acute articular rheumatism developed, contrary to the customary sequence. High fever, dyspnea and cyanosis had developed in the course of a few days, suggesting pneumonia until the signs of a large effusion in the pericardium became evident. Puncture revealed pus and the fifth costal cartilage was then resected, permitting access to the pericardium. Fully a pint of pus was evacuated and the wound was drained with a tube; this soon became obstructed and was replaced with a capillary drain which answered ideally the desired purpose. The patient was discharged completely cured by the end of a month. The diagnosis was facilitated by the shifting about of the fluid in the pericardium on change of position. The operation was done under a few whiffs of ether, Francini dreading possible complications with local anesthesia.

Toxicity of Camphor—Camphorated Oil.

Dr. D. J. Milton Miller, in the A. M. A. J., August 15, says: In his "Therapeutics" (edition of 1906), H. C. Wood makes the following statement: "Although camphor has, in many cases, produced very alarming symptoms, over 200 grains of it have been taken without permanent result and the recorded fatal poisonings are very few. The only ones known to us are,—adult, quantity unknown; sickly infant, 10 grains; child, 2 years old, quantity unknown; fatal abortion produced by 3 drachms."

On the evening of June 3, M. C., a particularly robust infant of 18 months , weighing 31 pounds, was given, immediately after a full supper of milk and cereal, a brimming teaspoonful of camphorated oil (linimentum camphorae) by mistake. Two hours later I saw the child. It was sleeping quietly and naturally, with cheeks somewhat flushed and the scalp quite wet with perspiration, not an unusual phenomenon with it; the pulse was 110, the respiration 24. When awakened, the infant was found to be quite natural, playing and smiling in its usual manner, and, as nothing abnormal was discovered, nothing was done beyond the administration of 2 drams of castor oil. The child was then replaced in its crib, but was very restless, not falling into a sound sleep until near midnight, a condition which could be attributed as well to its having been disturbed as to the overdose of camphor. The infant awoke the next morning perfectly well, apparently quite unharmed by its unwonted medication.

As camphorated oil is a 20 per cent. solution of camphor in oil, the dose of camphor, given this infant of 18 months, must have been from 14 to 15 grains, the mother having given a brimming teaspoonful (from 1.25 to 1.33 drams); yet there were practically no symptoms.

Secretion as a Therapeutic Agent.

Dr. J. W. Beveridge, New York City, cites the following cases in a paper published in American Medicine, April, 1914:

Case I. Mrs. K., age 35; about one year ago a gastroenterostomy was done for a severe stenosis of the pylorus with removal of the gallbladder; patient's weight at time of operation, 103½ lbs. Stomach was dilated, food delay 72 hours; hyperacidity; vomiting daily five to twelve times; urine high specific gravity; over three per cent. urea; trace albumen. Operation was successful but the patient did not seem to respond though the vomiting ceased. Stools continued clay colored, and the high urea output still kept up. Fifth week after operation, began giving secretin, continuing its exhibition for seven months with a constant perceptible improvement in the patient. The stools became normal in color at the end of the second month, weight gradually increased until 122¾ lbs. was reached and the urea is now normal, averaging about one per cent.

Case II. Miss F., Morristown, N. J., referred by Dr. A. J. Quimby, age 62, diagnosis: pyloric stenosis with chronic intestinal stasis, food delay 104 hours to 128 hours, hyperacidity, duodenal contents not obtainable. Urine: faint trace albumen. Unable to eat a normal meal, could retain only a small quantity of food at one interval. Loss of weight, 17 lbs. Suggested secretin and paraffin oil—at the end of the fifth month a gain of 11 lbs. was recorded, no hyperacidity observed and the food delay was shortened to between 50 and 60 hours. A most gratifying improvement.

Case III. Dr. F., New York, age 47, weight 192 lbs., a very interesting case of pancreatic insufficiency. Food delay, 62 hours, stomach dilated; duodenal adhesions and marked colonic stasis; stomach contents normal, blood normal, feces normal. Urine high in urea, nearly 4%, otherwise normal. Complained of malaise, severe pains in legs with great muscular weakness and loss of ambition. This condition had been progressively getting worse for over five years. Suggested secretin, which had been daily continued for nearly six months with a complete subsidence of all symptoms, the food delay dropping to 28 hours and the urea percentage remaining around one. The high urea output in these cases is the chemical index of faulty pancreatic response in breaking down the proteid radical which is reflected by the liver when the excess of ammonia is changed therein to urea, and the colonic stasis, whether primary or secondary, enables protein as such, to be absorbed by the system in excess which will give these unpleasant symptoms. The power of secretin to stimulate peristalsis, the bile secretion, and succus entericus is clinically well exemplified.

Case IV. Mr. G., Pittsburgh, Pa., age 45, weight 144 lbs., cirrhosis of the liver. Marked gastric disturbances, blood pressure, 105 m. m. mercury. Wassermann positive; food delay 46 hours; no apparent colonic stasis; urine: urea very low, four-tenths per cent.; trace albumen; no casts; blood normal except hemoglobin low, 70%. Exhibited secretin with anti-specific treatment (patient refusing salvarsan, having had one injection) for three months, gastric symptoms ceased, urea output became normal, weight increased to 154 lbs., and the constipation ceased.

This case is cited to show that the liver was stimulated to greater activity as indicated by the increase from a low urea to a normal production.

Ostetis Deforans.

Dr. J. Herman Branth, at the annual meeting of the Medical Association of the Greater City of New York, presented a male patient, 50 years old, who exhibited all the typical signs of this disease, as first described by Paget in 1877—enlargement and softening of the bones, especially of the long bones, which showed curvature, and of the bones of the cranium, kyphosis, and stiffening of the tendons of the femoral muscles and the joint ligaments. The patient also had nystagmus, though this had now almost entirely disappeared under the experiment treatment employed. This, Dr. Branth said, consisted of the application of X-rays to the head and lumbar region and the use of the high-frequency, high-tension current. At first he had intended to give pituitary extract also, but as the patient's condition seemed to have taken a favorable turn under the electrical treatment alone, this would be continued for the present. Nothing was known of the etiology of osteitis deformans, and the disease did not prove fatal; the patients dying from old age or some intercurrent affection.

Abstracts from Medical Journals.

Thyroid Insufficiency in Connection with Nervous Conditions and Constipation in Women.

Dr. Sehrt reviews nine cases of nervous disturbance accompanying hemorrhagic uterine affections, which he ascribed to defective function of the thyroid and treated with thyroid extract. Also eight cases of nervous disturbance accompanying retarded development of the internal genitals. The benefit from the thyroid treatment was constant and marked, the results so striking that he thinks they can be explained only on the assumption that the neuralgias and other nervous disturbances were due to excessive irritability of the nerve terminals which had gradually developed under the influence of protracted auto-intoxication from lack of normal thyroid functioning. This auto-intoxication may be the direct result of the thyroid deficiency or may be merely promoted and increased by it; in either event thyroid treatment has a distinct causal efficacy.—Kentucky Med. Jour.

Neurasthenia and Progressive Paralysis.

Dr. Cobb, in the Practitioner says: The differentiation between neurasthenia and early stages of paresis often presents difficulties, especially to the general practitioner. Cobb emphasizes the following points of difference:

1. The neurasthenic seeks the physician of his own accord; the paretic is brought by a member of his family.
2. The neurasthenic has either normal pupils, or dilated ones that react slowly; the paretic's pupils are irregular, contracted and rigid.
3. The neurasthenic readily furnishes a detailed history of his case; the paretic gives no clear information on this point.
4. Loss of memory is characteristic of paresis, rather than of neurasthenia.

Traumatic Neuroses.

Dr. A. Ciampolini, the medical inspector for the state railroad system of Italy, has recently published in Ramazzini, 1914, viii, 1-108, an analytic study of 160 out of a total of 200 cases of neurosis following railroad accidents. The majority were commercial travelers and postal clerks; they seem to acquire what might be called a professional dread of accidents, and this is an important factor in the neurosis. The susceptibility to suggestion is extreme and a physician's incautious remark may start or aggravate the neurosis. The jar of the trains does not seem to predispose the trainmen to nervous trouble, as these formed only 12 per cent. of the total. Only 0.465 per thousand developed neurosis among 25,793 employees who meet accidents of various kinds in 1909, and the proportion has been the same since. Ciampolini states that after the question of indemnity had been settled the neurosis gradually subsided with final complete recovery.

Tuberculous Infection Begins in Childhood.

An interesting experiment for the purpose of creating immunity against tuberculosis is being tried in Pittsburgh under the direction of the Tuberculosis League of that city. Dr. William Charles White, medical director of the league, says it will probably take ten years before definite results of the work will be appreciated. The experiment is being conducted on the theory that much, if not all, tuberculous infection begins in childhood. In view of this fact, the league is aiming to supervise the growth of every baby born for the next ten years in the South Side district of Pittsburgh. The babies and their mothers will be taken in charge at the birth of the infant, and everything possible will be done to increase the resisting power of the child to disease and to make it thereby immune to tuberculous infection. The theory is that by fortifying the body in the earliest period of a child's life, the infant will, in most cases, become immune to the disease with which heredity and environment may threaten it.

Non-Specific Urethritis.

E. Nicholas Hagin, of Sharon, Pa. (Urologic and Cutaneous Review, May, 1914), in reporting some cases of non-specific urethritis complicating acute tonsillitis, says:

In accordance with our present knowledge regarding the so-called "rheumatism," where

in reality we find a metastatic arthritis from some primary focus, as the nose, tonsils, gall-bladder, prostate or intestines, so, perhaps, our etiology regarding non-specific urethritis may also become changed. In these cases reported I do not claim that the urethritis was a metastatic infection from the diseased tonsil, nor that the tonsil infection lowered the systemic vitality to the extent of permitting this condition to arise. Before either of these claims could be made, complete comparative bacteriological study of the bacterial flora of both the tonsils and the urethral pus would be necessary. However, until it has been proven to be different, I will tentatively regard them as metastatic infections from the diseased tonsil.

After reporting his cases in some detail, he draws the following conclusions:

1. Non-specific urethritis may occur simultaneously if not as a metastatic infection, with severe acute tonsillar infections, and may respond to treatment readily or be rebellious.
2. While presenting some symptoms of acute gonorrhea, the symptoms are usually lacking of the typical intensity.
3. The only definite manner in which an exact diagnosis can be made is with the aid of the microscope.
4. Complete bacteriological studies are required in these cases to determine the bacteria present in both foci in order to determine whether the urethral manifestations are metastatic or not.

Back Pain and Its Diagnosis.

Dr. H. Platt, in the Boston Med. and Surg. Journal, analyzes a series of thirty-two cases of lame back. These cases group themselves into the following classes: Sacroiliac strain, 12; hypertrophic arthritis of lumbar spine, 7; postural back strain, 4; lumbosacral strain, 3; spondylolisthesis, 2; lumbar caries, 2; fracture of the transverse processes of the third and fourth lumbar vertebrae, 1; infectious arthritis of the lumbar spine and sacroilac joint, 1. The outstanding complaint in all these patients was pain in the lower back, in some instances associated with pain of the sciatic type. There was no case of true sciatica or lumbago in this series, and the author did not see any case amongst a good many other back cases in the clinic during a three months' period, although especially on the lookout for them. Spondylolisthesis is not uncommon amongst the laboring classes; in coal heavers it is regarded almost as a normal condition. The seven examples of hypertrophic arthritis all occurred in men above the age of forty-eight who were following arduous occupations. Postural sacroiliac and lumbosacral strains present a close interrelationship; all three conditions may co-exist in the same patient, and it is not always possible to establish any definite boundary line between the several types. In four of the author's cases the chronic backache was considered to be due entirely to the obviously extremely faulty body poise present. Under the generic title of sacroiliac strain is grouped a most interesting class of cases. There are three interesting and important facts which the author emphasizes. None of the cases studied showed any gross displacement of the sacroiliac joint which was demonstrable by the X-ray; none of the cases presented the physical signs of relaxation of the joints; and finally no actual pathological process such as, for example, tuberculosis, was evident in any single instance.

Bone Transplantation.

The treatment of acute and chronic osteomyelitis of the phalanges by bone transplant and the methods that have been employed or suggested are taken up by S. L. Haas, San Francisco (Journal A. M. A., April 11), who reproduces in brief the accounts previously reported cases and two of his own. In each of these a transplant from the tibia with its periosteum attached was used after removal of the diseased bone with the necessary amount of the healthy bone and the involved tendon sheaths. In one case, while the cosmetic result was good, owing to the limited amount of flexion, a good functional result was not obtained. In the second case, apart from a slight bend, the finger appears almost normal and flexion and extension are nearly perfect. One of the most striking facts is the inactive part that the transplant seems to take in the regeneration as compared with the remaining portion of the pre-existing periosteum. As regards the preferable method, he thinks the removal of the whole phalanx and substitution of another is much more formidable than a partial resection. The question of the transplant ability of the epiphysis arises, but if it should be destroyed, it might be advisable to try a whole phalangeal transplantation, especially in case of tumors showing evidences of maligancy.

In differentiating syphilitic from other bone lesions a negative Wassermann reaction is not diagnostic.—Amer. Jour. Surg.

County Medical Societies' Reports

BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The Bergen County Medical Society resumed its monthly meetings on September 8th at the Union League Club room at 8:15 P. M. Dr. J. S. Van Dyke occupied the chair. Ten members were present.

No special program had been provided, but by request Dr. J. Finley Bell, of Englewood, gave a very interesting talk on his experiences in the European war zone.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

Owing to the absence of the reporter the winter and spring meetings of the Camden County Society for this year have not yet been reported for the Journal.

The winter meeting was held Tuesday evening, February 10th, with the president, Dr. J. L. Nicholson, in the chair. Little business was done, as this is the meeting that is given over to social enjoyment in which the ladies are included. It is always a popular and much appreciated occasion.

It was at this meeting, however, that the

membership of Dr. Duncan Blake, Sr., was transferred from the Cape May County Society. Also at this meeting was proposed an amendment to the by-laws to make all the regular meetings evening meetings. When voted on later, at the May meeting, this was unanimously defeated.

After this brief business meeting the remainder of the evening was spent in very pleasant social entertainment followed by the usual collation.

For several years the Camden County Society has not failed to remember that the spring meeting and shad season fall together, and consequently has each year brightened that occasion with the proverbial planked shad dinner. For that purpose this year's spring meeting was called to order by the president, Dr. Nicholson, at "Kugler's Mohican" on the Delaware, Tuesday, May 12th.

Two new members were elected at this meeting,—Dr. Bernard L. Sellmeyer, of Gloucester and Dr. P. Star Pelouze of Camden, also Dr. J. K. Bennett, of Gloucester, was nominated as a permanent delegate to the State Society, to take the place vacated by the death of Dr. Wm. A. Davis.

The Society went strongly on record at this meeting as favoring mid-day meetings rather than evening for all except the February meeting, voting down unanimously, as stated above, a proposed amendment to the by-laws providing for all evening meetings. It is apparently easier for those out of town to get together at noon.

A communication was received from the American Red Cross Society recommending the appointment of an assistant Red Cross committee for this county. This was approved and the committee was appointed.

The shad dinner following the meeting was greatly enjoyed and done ample justice by the members and guests.

CUMBERLAND COUNTY.

Elston S. Corson, M. D., Reporter.

The first picnic of the Cumberland County Medical Society was held recently at Union Lake Park, Millville. A general invitation had been sent out by the Society to all the doctors of the county to bring their wives or friends. Dr. Frank D. Gray, president of the State Medical Society of New Jersey, and Dr. James Hunter, district counsellor, were the guests of honor. When the guests had assembled, they were escorted to the club house and shown the cosy quarters of the club, after which they saw the high dive by riding a bicycle and making a loop. An interesting hour was then spent in the moving picture show. At 5 o'clock the guests assembled in the restaurant and sat down to a well prepared banquet. After the table had been cleared, Dr. Gray was fittingly introduced by Dr. Leslie Cornwell. He felicitated himself at being present at the first medical picnic held by the Society. He said he had inaugurated a new policy for the State president, in that he intended to visit each county society in the State during the year, and eliminate the rubber stamp custom of merely affixing the president's name to official documents.

He announced as his text, "The County Society, its Functions and Possibilities." He asked the questions, what are you doing for your County Society and what is it doing for you, what is the County Society doing for the State and what is the State doing for the County? The County has three functions: 1, bestow benefit upon members; a, scientific; b, social; c, medical economics. The tendency now is to omit dry, formal papers and present clinical cases, thus making the work more living and tangible in character. No man's word should be taken as authority unless proven by actual demonstration.

The present gathering illustrates a phase of great importance. The wives of the doctors bear a great share of their burdens and should likewise share their pleasures. All factions and rifts in the clouds of social atmosphere when cleared away lead to better and advanced work, unity and solidarity must prevail in order to secure the best results for the medical profession and the community. He congratulated the Society upon having such splendid hospitals in the county, and especially on Millville having constructed such an up-to-date plant at such a moderate cost.

He emphasized the fact that only worthy cases should be healed free, as every person who receives treatment for anything less than he can afford to pay is thereby pauperized.

One of the great benefits conferred by belonging to the State Society is the defense in malpractice suits. A committee for good and welfare should be appointed to get every doctor in the county to join the society.

Dr. Hunter in addressing the meeting, expressed his agreeable surprise at the results of the first medical picnic, attended for the first time by a State Society president, and also by the fact that he had attended his first "movies."

The number of well equipped hospitals in the territory of the Society should develop trained specialists, who would demand the respect of the profession as consultants and make the people feel their word was final.

The general sentiment pronounced the picnic a success, and that it should be repeated annually.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society will begin the new season of work with its annual meeting which will take place on Tuesday, October 6th, this being in conformity with the new plan of making the fiscal year harmonize with all interests of both county and State Societies. The annual reports will be received and elections held and the President's address heard.

The season of medical scientific meetings will resume in October. The Academy of Medicine program will follow the plan of Section meetings monthly. The Essex County Pathological and Anatomical Society will offer to all the profession monthly meetings which it is the aim to make fully up to the record for scientific excellence hitherto maintained.

The hegira of medical workers to places of recreation or travel for vacation has resulted in their return, now, with accounts, interesting, perhaps sensational, of medical observations or escapes from war's entanglements.

MORRIS COUNTY.

E. Moore Fisher, M. D. Reporter.

On invitation of the Board of Managers and the Medical Director of the New Jersey State Hospital at Morris Plains, the Morris County Medical Society met at the above hospital for their annual meeting on September 8, 1914.

Among the visitors present were Dr. Frank D. Gray, of Jersey City, President of the Medical Society of New Jersey, Dr. William J. Chandler, of South Orange, first vice-president; Dr. Thomas N. Gray, of East Orange, recording secretary of the same Society; Dr. David C. English, of New Brunswick, editor of the Journal of the Medical Society of New Jersey, and an ex-president of the Society and Dr. Philander A. Harris, of Paterson, a former vice-president of the American Medical Association. Dr. F. D. Gray and Dr. Harris are also members of the Consultant Staff of the New Jersey State Hospital.

In the absence of the president, Dr. F. E. Knowles, the vice-president called the meeting to order. The treasurer's annual report showed a small but satisfactory balance on hand.

Dr. Elvira D. Dean, of Morristown, was unanimously elected to membership in the Society.

The following officers were elected for the ensuing year:

President—Dr. Frederick E. Knowles, of Boonton.

Vice-President—Dr. Henry A. Henriques, of Morristown.

Secretary—Dr. Henry W. Kice, of Wharton.

Treasurer—Dr. James Douglas, of Morristown.

Reporter—Dr. E. Moore Fisher, of Greystone Park.

Committee on Pragram—Dr. Francis H. Glazebrook, of Morrisown and Dr. William F. Costello, of Dover.

Delegates to Medical Society of New Jersey —Dr. Marcus A. Curry, of Greystone Park; Dr. William J. Wolfe, of Chatham, and Dr. Clifford Mills, of Morristown.

Alternaate Delegates—Dr. William J. Summers, of Boonton; Dr. Henry W. Kice, of Wharton, and Dr. John Walters, of Wharton.

Dr. B. D. Evans, in an address of welcome, said that the members of the Board of Managers, the Resident Staff and himself were always ready to receive either collectively or individually any members of the medical profession, but more especially those of Morris County, and were willing to show them what was being done for those cared for at the Hospital, or instruct them along any line that might be of interest to them. He referred to the new methods soon to be introduced in the Industrial building as means of diversional occupation and a method of re-education of the insane which might enable them again to become able to take places in the outside world and besides this, it would be a means of saving to the institution and would allow money now spent for printing and book-binding, etc., to be expended for other methods of treatment. The doctor said that as a complete printing outfit including presses and type, to gether with machines for book-binding had been purchased, all the blanks used at the hospital could be printed there by patients and all medical magazines and reports bound for permanent reference. The magazines and periodicals frequently donated were also to be bound and placed in the ward libraries for patients to read and would in this way be saved from destruction and loss. Looms for weaving carpets, sewing machines, carpentry outfits and other equipment were to be purchased in the near future, thus enabling patients to be employed in many useful ways.

The question as to the advisability of admitting other than regular physicians and surgeons to membership in the Morris County Medical Society was discussed in an informal way but with considerable vigor at times. Among those who spoke on the subject were Drs. F. D. Gray, D. C. English, Becker, Lewis, Carpenter, Ryerson, Brewster, Day, Massenger, and Kice. The opinion that prevailed was that anyone who did not practice sectarian medicine or hold any dogma and was otherwise not objectionable would make a good member of the society. It was stated that most of the other counties admitted homeopathists to membership, that they were eligible for membership in the American Medical Association, and that there were at least forty to fifty in the Medical Society of New Jersey. Where they were members of the county societies, they added to the success of the meetings and were generally broad-minded and practicing up-to-date medicine. Those opposed to the measure felt that many advertised either on their signs or by word of mouth and were rarely sincere and did not practice pure Hahneman though professing to do so in an endeavor to secure practice. Several considered them unethical in their dealings with other practitioners. After the discussion, the following amendment to the by-laws was introduced for action at the next meeting:—"That any physician and surgeon not practicing sectarian medicine or any dogma or advertising as such and who has compiled with the requirements of the Society and the laws of the State of New Jersey, shall be eligible to membership in this Society."

Luncheon was served at the hospital, after which some of those present visited the wards and other parts of the hospital and grounds, while others attended a presentation of patients showing various forms of mental disease.

Dr. Frank D. Gray said that, as he had announced on being elected President of the Medical Society of New Jersey, he was visiting the various county societies and was anxious that they all shall become as strong as possible, as in this way proper legislation for the government of the profession would be more easily obtained because the weight of influence would be greater and more widely distributed.

After a vote of thanks to the officers of the New Jersey State Hospital, the meeting adjourned.

PASSAIC COUNTY.

Chas. R. Mitchell, M. D., Secretary.

The first meeting of the season of 1914-15 of the Passaic County Medical Society, was held in Lyric Hall, Paterson, September 8th, thirty-five members being present.

Dr. D. C. English, the editor of the Journal; D. Frank D. Gray, president of the Medical Society of New Jersey, and Dr. Thomas N. Gray, secretary of the State Society—Dr. T. V. Connolly and Dr. D. R. Pal, of Paterson being present as guests.

The minutes of the annual meeting in May were approved as read.

Dr. Joseph Shapiro, a member of the Bronx County Society of New York, whose application for transfer had been received at the May meeting, was elected by ballot a member.

Dr. Frank D. Gray, of Jersey City, gave an address on the "Natural Relationship between the Physicians and the Medical Organizations of the County and State," in which he spoke of the lack of co-operation among physicians, their lack of business acumen and their apparent willingness to work without compensation for municipalities and individuals. The remedy lay in more general harmony and co-operation; enactment of favorable statutes; publishing of a "dead beat" list; the charging of proper fees; freedom from petty politics; establishment of proper health authority with fair remuneration. Dr. Thomas N. Gray, of East Orange, spoke of "The Duty of the County Society to the Young Physician," giving a picture of the different stations occupied by the surgeon, physician, specialist, general practitioner and the struggling young men who were just beginning their work. Dr. Gray made an earnest plea to the men well established for their help as far as possible for the young men who were not able to earn enough in practice to properly support themselves. In Dr. Gray's opinion the abuse of medical charity, was one of the greatest evils of the time to a great extent was responsible for this condition.

The discussion was opened by Dr. Yates and continued by Drs. Roger, Stewart, Balleray and Johnson, and closed by Dr. Frank D. Gray. Dr. Shapiro was presented as a new member. Application of Dr. D. R. Pal for membership was referred to the Board of Censors. The secretary offered the following amendment for vote:

Chapter II, Section 2. The President of this Society shall be chairman of the Comittees on Public Health and Legislation.

After some discussion the amendment was changed to read as follows:

The Vice-President shall, etc., and this was laid over until the October meeting. The October meeting will be devoted to the presentation of clinical material from St. Joseph's and the Miriam Barnert's Hospitals and the November meeting to clinical material from the Paterson General and the Miriam Barnert Hospitals. After the meeting the society were the guests of Dr. J. C. McCoy at a collation.

Local Medical Societies.

Bayonne Medical Society.

This society held its opening meeting of the season on September 21 at the Elks' Club on West Thirty-fourth street. Dr. Charles J. Harker, president, occupied the chair. There was a large attendance and much interest was manifested in the proceedings. An eloquent and helpful address on "The Duties of a Physician to His Patient" was given by Dr. G. K. Dickinson, of Jersey City, and a general discussion followed.

Resolutions were unanimously adopted requesting the City Council to pass a stringent ordinance prohibiting the sale of blank cartridges and giant firecrackers. A committee, composed of Drs. Forman, Klein and Marshak, was appointed to present the resolutions to the Council and request that prompt action be taken. The statistics of accidents on the Fourth of July in Bayonne show that they have been higher in number than they should be, and the physicians are of the opinion that with a proper ordinance, properly enforced, there would be very few accidents, resulting from the use of firearms.

At the conclusion of the business session refreshments were served. Dr. A. C. Forman being the host.

Clinical Society of the Mountainside Hospital, Montclair.

William Nelson Harrison, M. D., Secretary.

The annual meeting of the Society was held at the Hospital, Thursday evening, June 4th, 1914.

Officers for the ensuing year were elected, as follows: President, Dr. F. Elmore Hubbard; vice-president, Dr. Ralph Opdyke; secretary and treasurer, Dr. William N. Harrison.

The Richard P. Francis prize for the best clinical essay, case presentation, original research or new technique of the year, was awarded to Dr. Stella S. Bradford for her paper on "The Role of Exercise in the Treatment of Visceroptosis." During the year 1913-'15 twenty-seven papers were read by seventeen of the thirty-five regular members.

The opening social meeting of the year 1914-'15 will be held Thursday, October 1, 1914.

Orange Practitioners' Society.

The first meeting of the season of the Orange Practitioners' Society was held September 25 in the rooms of the William Pierson Medical Library Association at the Orange Free Library. Dr. Briscoe B. Ranson of Maplewood was the host, and a paper was read by Dr. Henry A. Pulsford of South Orange.

—Newark Evening News.

THE NATIONAL MEDICAL ASSOCIATION.

This association is composed of physicians, dentists and pharmacists of the colored race. At its sixteenth annual session at Raleigh, N. C., in August last, the following officers were elected: President, Dr. F. S. Hargraves, Wilson, N. C.; vice-presidents, R. C. Brown, D. D. S., Richmond, Va.; W. A. Jones, Ph. G., Winston Salem, N. C.; general secretary, Dr. W. G. Alexander, Orange, N. J.; assistant secretary, Dr. G. R. Ferguson, Charleston, S. C.; treasurer, Dr. J. R. Levy, Florence, S. C.; pharmaceutical secretary, H. B. Marable, Ph. G.; dental secretary, S. L. Edwards, D. D. S. The association will meet next year in Chicago.

"No man is a failure until he is dead, or lost his courage,—and that's about the same thing."

Coming Medical Meetings

Academy of Medicine of Northern New Jersey

G. K. Dickinson, M. D., President Jersey City.

E. D. Newman, M. D., Secretary, Newark.

Stated meeting October 21, 1914, 8.45 P. M. Paper on "Chronic Gastro-Intestinal Lesions of gradual development, which cause serious invalidism and the agency of mechanical and operative means in their Relief." Illustrated with lantern slides, by Dr. P. M. Pilcher, Brooklyn. Regular business, election of members and action on amendments to the Constitution and By-Laws.

Sectional Meetings.

Section on Pediatrics, October 1, at 4 P. M. Report of cases. Presentation of Children with case reports. Business of section.

Section on Medicine, October 13 at 8.30 P. M. Symposium on Arterio-sclerosis, Drs. H. S. Martland, P. Conlon, E. S. Sherman, C. F. Baker and W. S. Foster.

Report of cases. Regular business.

Section on Eye, Ear, Nose and Throat, October 26th at 8.45 P. M.

Report of cases: Angioma of both orbits, Dr. F. C. Jacobson; Traumatic Dislocation of Lens, Dr. L. Emerson; Injury of Eye, by Obstetric Forceps, Dr. E. S. Sherman.

Essay—"Modern Treatment of the Naso-Pharynx," Dr. T. R. Chambers.

Section on Surgery and Gynecology, October 27th at 8.45 P. M.

Report of cases. Business of section. Paper —subject to be announced by postal card.

Safety Congress of Mayors.

This congress has been called to meet in New York City on December 14 and 15, in connection with the second international exposition on safety and sanitation. The American Museum of Safety has sent out special invitations to the Mayors of all cities with a population of over 25,000, urging them to attend the congress, together with the officials of their various municipal departments which have to do with public health, safety and welfare.

Clinic in Genito-Urinary Diseases.

A clinic will be held every Thursday evening at 8.30 by Dr. Abr. L. Wolbarst at the West Side German Dispensary and Hospital (New York School of Clinical Medicine), 328 West Forty-second street. The clinics will begin on October 8 and end in April. Physicians and medical students are invited.

Miscellaneous Items.

Lawyers and Doctors in the New French Deputies.

Lawyers come first and dectors second among the profession of the new French Deputies. There are 142 lawyers, 53 doctors, 21 military and naval officers, 16 farmers, 46 journalists or writers, 32 manufacturers, 43 landowners, 22 laborers, 25 commercial employees, 3 shipowners, 6 capitalists, 10 ex-magistrates, 11 pharmasists, 3 veterinary surgeons, 1 preacher, 5 printers, 1 editor and 3 hotelmen.

The Surgeon's Hand—"He Maketh the Blind to See."

Mary Murdock Mason, in The Century.

Beneath his wrist there stirs a sun-god's thought,
A strong magnetic current swiftly flows
Through palm and finger-tip, and power bestows
On tiny blade of steel with promise fraught.
Up toward the eye the charged blade is brought.
Marble, moonlit, the arched cornea shows,
The iris, lying lakelike in repose,
And the deep pupil where the soul is caught.

"Let there be light," he says—"Let there be light."
And, solemn as the sign of the cross, the hand
Performs the miracle. At that command
The pulsing thought leaps toward the blind man's night.
Symbolic, like a dove's flight to its nest,
The haloed hand drops down and is at rest.

The surgeon is no longer one who operates, no longer one who cuts vessels and ties them again; he is the one who can array the numerous factors that go to make recoveries, failures or deaths in such a way as to give the best results with the least risk.—W. A. Bryan, in The Southern Practitioner.

The Importance of Observation in Diagnosis.

Which is the worst error, to fail to observe certain conditions, or to observe them and interpret them incorrectly? In the writer's opinion, the first is much the worst error. Observation is a matter of patience, training and thoroughness, in all of which a man may improve himself, but the use of which he makes of his observations is partly a matter of his mental equipment. True, he can train his powers of thought and judgment to some extent, but we vary greatly in the quality of our cerebral cells, and the saying of the father of medicine, "Experience is fallacious and judgment difficult," is always true. To observe correctly and decide wrongly is sure to happen to the best of us, but to observe carelessly happens only when we permit it.—Thomas McCrae, Canadian Med. Assn. Jour.

Forbearance.—The little I have seen of the world teaches me to look upon the errors of others in sorrow, not in anger. When I take the history of one poor heart that has sinned and suffered and represent to myself the struggles and temptations it has passed through, the brief pulsations of joy, the feverish inquietude of hope and fear, the pressure of want, the desertion of friends, I would fain leave the erring soul of my fellow man with him from whose hand it came.—Longfellow.

The Quick and the Dead.

There is a dead medical literature, and there is a live one. The dead is not all ancient, the live is not all modern.—Oliver Wendell Holmes.

THE JOURNAL
OF THE
Medical Society of New Jersey

OCTOBER, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the Journal every month.
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William J. Chandler, M. D., South Orange, N. J.

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Thomas N. Gray, East Orange

More space is required for the Official Transactions—continued from page 488 of the September issue—than we expected, which compels delay in insertion of other prepared matter. We offer no apology however—certainly not for deferred editorial matter—because we have been thus enabled to give our readers the eloquent addresses of Governor Fielder, Rev. Dr. F. W. Tompkins and Edward J. Cattell, Esq., delivered at our State Society annual banquet. It is a matter of deep regret that we have been obliged to omit the splendid address of Dr. DeSchweinitz, because of his continued absence in the West.

Would that we could but firmly impress our members with the absolute necessity and importance of patronizing our advertisers. It is a duty that you owe and is vitally important to your Journal's existence. These advertisers are making your Journal possible. They in return are entitled to your patronage. We must demonstrate to them the value of our advertising pages. We cannot do so if our members will not send them orders and tell them why they are doing so. Help us boost and ing your orders, for we admit only ethical advertisements of reliable firms.

AFTER VACATION WORK.

We congratulate those of our readers who have enjoyed their vacations of weeks or months during the summer and have returned to their work. Especially do we congratulate those who were detained abroad, suffering more or less inconvenience and loss, who have reached their homes safely. Back from vacation means back to work and the work ought to be the better in quantity and quality after rest and the renewal of strength. We quote the words of Grace Goodhouse in the Camden Courier as applicable to physicians as well as other vacationists:—

"Don't lose all your holiday spirit the moment the trains steams out of the seaside station; the smell of the sea and salt of the breeze are behind you, but in your lungs is the fresh, pure air, in your heart are the sunny memories, and they should be your honeystore to last the winter through. For a day or two you will not be inclined to settle down. Others in your office will be 'reminiscent,' and so will you; but don't over-do it. It's a poor return to your employer to waste the first week back in chattering or in sighing! An abundance of health and energy is yours; so you must give back your best energy to your work, drawing from your memories a wealth of strength and usefulness."

We also express our sympathy with and good wishes for those who have been obliged to continue their work through the summer months with little or no rest and relaxation. May they have that strength, pleasure, "glory and honor" that is imparted to those who manifest "patient continuance in well-doing."

ELECT GOOD MEN.

We call special attention to the great importance of electing good men as Legislators at the coming election—men who will serve the people rather than the bosses, partisan politics or private or corporation interests.

We emphatically say that neither the medical or legal profession should be specially favored and only such laws should be enacted as will be for the good of the State and its citizens.

Let us have done with that class of legislators who are owned and controlled by bosses, who vote for laws, not as their best judgment and the public good requires, but as they are bidden to vote. We need *men*, not dummies in our halls of legislation.

We should interview candidates before election in order to vote intelligently and

then vote only for those who have, and will use, good judgment in voting for laws that are for the public good especially for health laws and laws regulating medical practice. See article on "Making Doctors," page 522.

HOSPITALS AND THEIR WORK

We expect to make the November issue of the Journal largely a Hospital number, giving the papers and discussions of the symposium on Hospitals presented at the annual meeting of our Society; reports of clinical cases at hospitals and any hospital news that may be communicated.

We shall be pleased to receive reports of any cases of special interest from the members of any hospital staff and any items of special interest concerning hospitals.

He who ignores the meetings of his local and State organization is headed for the pool of stagnation as sure as fate. Such a person will soon find his practice drifting to his more progressive neighbor. He will soon be stranded upon the "Island of A-Has-Been," and the rut in which he has traveled will be too deep for him to turn out. Time is yet yours to avert such a catastrophe if you will but participate in the work of the organized profession and reguarly attend its meetings.

The efficiency of your society, local and State, depends upon the co-operation you grant unto them. Single handed or a few indviduals cannot bring about the atttainment of the greatest good. Each individual member has a duty and a responsibility and it is only when they recognize this duty and assume this responsibility that then the highest efficiency and greatest good will be secured for our personal welfare. Will you not render unto your society that to which it is rightfully entitled from you—Michigan State Society Journal.

I hold, my good friends, that when I hear the good name of a professional brother assailed from any cause, knowing him to be tried, true and worthy, that it is as much my duty to protect him and seek by all honorable means to defend his character and worth, as it is to treat him courteously and professionally when I see a patient with him, and not when I hear him assailed to dismiss the matter with a wink of the eye, shrug of the shoulders, or a wave of the hand and let the party making the assertion draw what conclusions they wish. The man who does act in this manner either does so owing to a lack of due appreciation of his duty to his professional brother, or to some sinister motive, and those things have been done and no doubt will be done again.—Dr. R. B. Barron.

THE MEDICAL SIDE OF PRESENT WAR.

From American Medicine, August, 1914.

For the last fifty or seventy-five years the dense populations of Europe have survived with small birth rates largely because they have devised elaborate ways of avoiding infection. Sewage disposal and water protection have become fine arts, but now all these precautions are being abandoned by seventeen million soldiers and an unknown number of civilians. The only closet facilities will be shallow pits in camp, and the drinking water will be anything in reach. In a short time all streams will be polluted and if methods of sterilization are not devised we may expect the usual horrors of dysentery and typhoid. The French and English have anticipated an impossibility of avoiding typhoid by sanitation and have ordered the vaccinal immunization of soldiers. We will now see whether it is practicable to do this, and if so, whether it is effective. The Germans have already tried it in an African campaign, and gave it up as not sufficiently valuable. They expect to avoid typhoid by sanitary precautions. The longer the war the greater the unavoidable pollutions and the greater the difficulties. The food supply is the greatest task. It is impossible to feed seventeen million men detached from the usual sources. Even one corps overtaxes the means of transportation. Only the bare necessities of life will be given and at times not even these. So we will see all the results of undernutrition and these will magnify the infections. They say that rapid fire guns can use up in a few engagements all the ammunition it has taken years to collect. A long war cannot be as fierce as its beginning, and in time disease will reap its harvest. Dysentery has ended many a campaign in Belgium and cholera is already at work in the Balkans. Smallpox will not bother them except in the south. Americans have always campaigned in thinly settled country and must supply canvas shelters, but the Europeans depend upon such buildings as they can seize. At other places they sleep in the open with all the disasters of exposure.

The first effect of war is to increase the distress, but now the interference with farm work may not cause the usual post-bellum famines as food can be imported. It is our poor who will suffer from the outflow of our supplies. Besides, there will be fewer mouths to feed abroad. Indeed statesmen have recognized the blood letting as sometimes beneficial and have deliberately favored war so that the food would go around. Yet after it is all over the birth rate instantly rises to restore the old poverty and the international competition for food.

What Will Surgery Learn From the Present War?

From the American Journal of Surgery.

The European war is drawing to its field and base hospitals famous surgeons of their respective countries (thus von Eiselberg is surgeon-in-chief of the Austrian army and Bier, of the German army), and many other medical men whose names are less widely known or known not at all. That the opportunities of the great conflict will make the reputations of some of these men is to be expected. That they will develop among them an Esmarch or a Jonathan Letterman is quite possible. But that the experiences of these battlefields will provide no important contribution to surgery itself is also at least likely.

The surgical annals of the Boer war make vastly different reading from the medical and surgical history of the Civil War, for example, with its grim records of amputations and hospital gangrene; and the camp sanitation and field hospital work of the Japanese in 1904 were, likewise vastly better than those in our own army in the Spanish-American war only six years earlier. But to-day military hygiene is standardized and well-nigh perfect, and the behavior and treatment of wounds by modern missiles are quite well established. The character of these missiles has not been changed, as far as we know since the Turko-Italian and the two Balkan wars. It would seem, therefore, that the surgical experiences of the present great war will differ in volume, rather than in kind, from those of the other all to frequent wars of very recent years. It is perhaps in the opportunities to apply our newer methods in vascular and intrathoracic surgery that the most fruitful opportunities will develop.

Practicing Without a License—Separate Offenses.—Under the Texas statute, Pen. Code 1911, Section 756, providing that any person practicing medicine in violation of law shall be punished, and that each day of such violation shall constitute a separate offense, a conviction of unlawfully practising medicine on a day in March is no bar to prosecution for practising medicine upon another person on a day in May.—Byrd vs. State, Texas Criminal Appeals, 162 S. W., 363.

DISCOVERING NATURE'S CURATIVE METHODS.

From The Literary Digest, Sept. 26th.

The most advanced students of medical science have always maintained that among the mechanisms of the human body were devices for setting it right when it fell out of order. They have regarded human therapeutics as methods for letting nature alone, for beating back the agencies that might interfere with it, and for reenforcing its acts, if possible. Or ability to do this has been greatly increased by the discoveries and inventions of the German physiologist Abderhalden, the animal organism automatically finds out what ails it and proceeds to apply the remedy. He has studied nature's processes and enabled us to understand what it is doing and to help it. In reading nature's diagnosis by examination of the patient's blood, the method has been particularly successful, and it seems likely to add to our ability to combat not one disease, but a great variety of different maladies. Says a writer in The Scientific American Supplement (New York, August 22):

"Every organ of the animal organism has its own particular function; in order to properly carry out this function, it is provided with a chemical and molecular constitution of its own. The liver-cells, whose functions differ entirely from those of the lung-cells, are also constructed chemically on quite a different basis. But the blood must always remain homogeneous, if it is to fulfil its life-preserving task. Therefore, the different organs must pass on to the blood the dead cells, used up by the process of life, and their own products of assimilation and disassimilation in a chemically homogeneous form. To do so, every organ performs extremely complicated chemical decompositions, each according to its own peculiar system.

"If any one organ gets out of order, such disarrangement seems to affect first of all this process of decomposition. Parts of insufficiently decomposed cells or, of imperfectly decomposed products of the assimilation and disassimilation enter the blood and disturb or even menace its functions. The organism at once sets about to produce protective ferments capable of finally decomposing the cell-constituents of the diseased organ, 'digesting' them, and thus rendering them innocuous.

"It is the great, the undying merit of Abderhalden to have discovered the formation of these protective ferments, and his merit is the greater because his discovery was not an accident, but the result of many years of serious and painstaking research.

"The discovery made by Abderhalden proves that the organism diagnosis its own illness automatically. It remains for us to learn to understand its language. And this diagnosis has the enormous advantage of being infinitely more exact, more rapid, and more certain than all that human art can ever attain."

Each organ contains special ferments within its cells, the writer goes on to tell us. These are attuned to the particular cell-substance of the organ, and show indifference toward the cells of other organs. Under conditions these cell-ferments are found only within the cell itself, but as soon as there appear in the blood a foreign substance still showing the "cell-characteristics," the corresponding ferment also appears in the blood as a protection, often only a few hours after the first disturbances in the function of the organ. To quote further:

"These ferments are, as has been said already, extremely characteristic in their effects, decomposing only the cell-parts of the organ to which they belong. Therefore, by the methods elaborated by Abderhalden, we have the possibility of diagnosing organic disorders at their very first stage, and this, as shown by experiments with chemical substances, very often after only a few days or even hours, while under ordinary circumstances, weeks and months, even years, may elapse before the effects of the disorder have grown to the proportion of pathological symptoms. An imaginary example, anticipating the expectations placed upon Abderhalden's discovery, will show this more clearly.

Some one comes to his doctor complaining of strong and continous headaches accompanied by insomnia. The examination reveals no symptom permitting a definte diagnosis. The doctor takes a small quantity of blood from the patient and distributes it in a number of test-tubes. Into each test-tube is then put a piece from a different organ of the animal used for the control: a piece of brain matter, a piece of liver, of the lung, of the kidneys, of the heart, of the thymus, and of the thyroid gland, as the patient's headaches may have the most various causes. Controlling the test-tubes twenty-four hours later, it is found that lung, liver, kidneys, and heart have not been altered by the serum, but that the brain and the thyroid gland show signs of being decomposed. This proves that the blood of the patient contains ferments from the brain and from the thyroid gland. The presence of these ferments in the blood indicates that the functions of these two organs are disturbed, thus introducing into the blood cells insufficiently decomposed.

"The secretion of the thyroid gland being of extreme importance for the proper function of the brain, the positive reaction of this part of the experiment shows that the disturbances of the brain-cells are caused by the thyroid gland supplying the brain insufficiently with this necessary secretion. Thus the doctor knows exactly where his treatment has to set in.

"One must know the difficulties that beset the timely and correct diagnosis of disturbances of the internal organs, more especially when it is a case of functional disturbances as yet not showing any alterations of the respective organ itself, to be able to appreciate the overwhelming importance of this discovery for the curing of disease.

"This importance accounts for the fact that medical authorities of universal repute have felt it their duty to draw particular attention to this discovery. Should the experiments that are being conducted in all the great centers of Europe prove the theory of Professor Abderhalden to be universally valid, based as it is already on a great number of definite facts and experimental results, then medical science enters upon a new epoch and the name of the German scientist Abderhalden will have its indelible place in the golden book of humanity's greatest men.

"It is too early to form any final conclusion as to the ultimate success and scope of the methods initiated by Abderhalden, but indications are exceedingly favorable in relation to a number of diseases, especially sarcoma (cancer), and certain troubles of the nervous system and brain."

Editorials from the Lay Press.

The Age for Beginning School.

From The Evening Times, Bayonne.

Many parents feel they must turn children over to the first grade of school at the age of 5. This leaves the mother free for social life, gives the home a respite from juvenile noise, and is felt to give the youngsters a good start.

Yet doctors and many wise parents are questioning if this early beginning is wise. It seems like harnessing a child up to a permanent job at a very early age.

If a child it not vigorous physically, he will make but slow progress in school. At the ages of 5, 6 and 7 he can grasp but little of the fundamentals. But if he stays out until he is 7, and by the free outdoor life acquires a strong constitution, he will then make rapid progress. An average child with this strong start should be able to skip a grade or two.

It is a mistake to think that the child of 6 or 7 is learning nothing even if he is out of school. His eyes are opening wider every day, and outdoor air is providing a wonderful foundation for future advance.

Making "Doctors."

From the State Gazette.

In the year ending June 30, 1904, there were 28,142 students enrolled in the various schools of medicine in the United States. In the year ending June 30, 1914, this country held only 16,502 medical students, a decline of forty-one per cent.

Ten years ago the number of new doctors graduated from all colleges was 5,747. This year the new graduates in medicine numbered only 3,594, a falling off of 37.5 per cent. These figures show the improvement of medical education.

Thirty years ago any ambitious youngster who had the price could find some "college" ready to fit him out with the magic letters, "M. D."—ofttimes after a "course of study" so petty that a plumber's apprentice was a liberal education by comparison.

To-day, most of these diploma mills have been closed—though a few continue to do business at the old stand, and to send forth wretchedly unprepared men to undertake that most responsible task in the world, the care of the sick. The country needs, not more doctors, but better ones. It is getting them. The medical college of to-day is calculated to try the earnestness, as well as the ability, of a would-be physician.

(Would that our newspaper editors and proprietors fully realize that a thorough education should be required of those who "undertake that most responsible task in the world," when the doctors are seeking legislation to keep out "wretchedly unprepared men."—Editor.)

Facing a Famine in Chemicals.

From The Washington Star.

America is facing a drug famine as one of the results of the world war in progress in Europe. The greatest chemical industry on earth is that of the German empire, whose laboratories produce the larger part of the chemicals used in the preparation of medicines and in the industries. Now that Germany has been isolated, all exports of this industry must cease, with the probable result that many drugs will soon be sold at prohibitive prices.

Tungsten powder, used in the preparation of steel and in the manufacture of the tungsten light, is a German export, while practically all of the world's supply of potash also comes from German mines. Glycerin, saltpeter and carbolic will be tremondously re-

duced in quantity. These ingredients, together with potash, form the basis of practically all smokeless powders, and, if the war continues for any length of time, they will doubtless increase enormously in cost.

While London is the great drug market of the world, it depends, as do all other distributing centres for chemicals, upon the German production. Germany's chemical industry has been one of its more peculiarly national industries, the one industry in which German supremacy has been acknowledged by the world without any attempt at qualification. The shutting off of its exports of chemicals is likely to strike a severe blow at many industries depending on this source of supply, in the neutral countries as well as in the countries now at war.

Marriages.

BARKHORN - GLESS.—At Newark, N. J., September 9, 1914, Dr. Henry C. Barkhorn to Miss Marietta Louise Gless, both of Newark.

FRIEDMANN—WEISS.—At Bangor, Pa., September 19, Dr. Leonard L. Friedmann, of Trenton, N. J., to Miss Ethel Weiss, of Bangor. Dr. Friedmann graduated from the Hahnemann Medical College in 1911.

GOLDSTEIN-LIPITZ.—At Vineland, N. J., August, 1914, Dr. Hyman I. Goldstein, of Camden, to Miss Evelyn Lipitz, of Vineland.

Deaths.

APPLETON.—At White Haven, Pa., July 30, 1914, Dr. Walter Frederick Appleton, of Passaic, N. J., aged 35 years. Dr. Appleton was a graduate of the New York Homeopathic Medical College.

SHEETS.—At Glen Ridge, N. J., August 25, 1914, Dr. Levi D. Sheets, aged 88 years. Dr. Sheets graduated from the New York University Medical College in 1849. He was a veteran of the Civil War, having served as surgeon in the Second Army Corps.

SUTPHEN.—At Newark, N. J., September 6, 1914, Dr. Joseph S. Sutphen, aged 75 years. Dr. Sutphen graduated from the New York University Medical College in 1865. He had retired from active practice.

WALES.—At Atlantic City, N. J., August 11, 1914, Dr. Wesley Rogers Wales, of Cape May, N. J., aged 45 years.

Dr. Wales graduated from Jefferson Medical College, Philadelphia, in 1891. He was at one time county physician of Atlantic County, a member of the Board of Freeholders of Cape May County and a member of the Board of Health of Cape May.

WARE.—At Bridgeton, N. J., September 6, 1914, Dr. James B. Ware, aged 83 years.

Dr. Ware graduated from the Medical Department of the University of Pennsylvania in 1854. He retired from practice several years ago.

WOLFE.—At Paterson, N. J., September 26, 1914, Dr. Aaron R. Wolfe, aged 55 years. Dr. Wolfe graduated from the New York University Medical College in 1882 and soon after began practice in Paterson.

Personal Notes.

Dr. John C. Albright, South Amboy, has been suggested as a candidate for the City Council.

Dr. Edward A. Ayers, Branchville, has been reappointed a member of the local Board of Health for a three years' term.

Dr. Enos E. B. Beatty, Newton, reported that some one recently sent a bullet through his dining room window. It is thought that some one was practicing with a revolver. Fortunately no damage was done except to the window glass.

Dr. Charles V. R. Bumstead, Newark, who has been staying in the Adirondack Mountains since July 1st, has returned home.

Dr. Abram E. Carpenter, Boonton, is enjoying a hunting trip in Canada, this month.

Dr. Edward W. Closson, Lambertville, and wife are receiving congratulations on the recent arrival of a baby boy in their home.

Dr. Emma C. Clark, Dover, has been given an increase of $17.50 per month salary as medical inspector of schools.

Dr. Lucius F. Donohue, Bayonne, spent the month of September, as usual, at his cottage in Maine.

Dr. James T. Hanan, Montclair, has a paper in the Medical Record, Sept. 5, on "Acute Myalgia of the Abdominal Muscles; A Condition to be Differentiated from Surgical Lesions."

Dr. Edward T. Hawke, Trenton, spent a week last month at Wildwood.

Dr. William H. Iszard, Camden, returned home September 1st from a ten days' visit at his daughter's home in Cleveland, Ohio, much improved in health.

Dr. Frank J. Keller, Paterson, returned September 1st from a European trip.

Dr. John F. Leavitt, Camden, and family returned recently from their summer stay at Wildwood Crest.

Dr. Otto Lowy, Newark, has removed his office and laboratory to 190 Clinton avenue. His new home has been equipped as a sanatorium for the treatment of syphilis, tabes and paresis.

Dr. Richard C. Newton, Montclair, has an able article in the Medical Record, Sept. 5th, on "The Origin of Auscultation and Percussion and of the State of Clinical Medicine in the Time of Auenbrugger and Laennec."

Dr. John H. Moore, Bridgeton, returned on the first of last month from his trip to Europe. He gave, by request, in the Bridgeton News a very interesting account of his trip and of the uncomfortable condition which travelers abroad are experiencing.

Dr. James M. Reese, Phillipsburg, and Dr. George L. Orton, Rahway, have been appointed by Gov. Fielder, two of the delegates to the American Prison Association meeting at St. Paul, Minn., October 3-8.

Dr. Edward M. Richman, Newark, and wife spent a few days last month on the yacht of a friend.

Dr. George H. Sexsmith, Bayonne, and wife have returned from a month's stay at Mount Kineo, Maine.

Dr. Henery H. Sherk, Camden, is reported as recovering from his severe illness.

Dr. Alfred Stahl, Newark, and wife spent a few days at Culver's Lake in September.

Dr. Stacy M. Wilson, Bridgeton, and wife have returned from a trip through Canada.

Dr. Thomas Barber, Belvidere, has been renominated for Senator from Warren County.

Dr. Ralph K. Hollinshead, Westville, has been nominated for coroner by the Republicans, and Dr. Eugene Z. Hillegass, Mantua, by the Democrats.

Dr. Alfred Cramer, Camden and family have returned from Cape May where they spent three months.

Dr. Robert Casperson, Camden, and family have returned home from Atlantic City.

Dr. John W. Donges, Camden, and wife spent a part of September at Ocean City.

Dr. Henry H. Davis, Camden, and family have returned to their home from Island Heights.

Dr. Arthur C. Dougherty, Newark, and wife have returned from Sterling Forest.

Dr. Theodore B. Fulper, Hampton, and wife have returned home from Bridgeport, Conn.

Dr. Levi W. Halsey, Montclair, and family returned last month from a six weeks sojourn in Canada.

Dr. Charles F. Halstead, Somerville, spent a few days last month at High Bridge where he formerly lived.

Dr. Alonzo C. Hunt, Montclair, and family have returned from their cottage at Mautoloking.

Dr. Edward J. Ill, Newark, has returned from his summer home at Island Heights.

Dr. Caldwell B. Keeney, Summit, spent a week in September with his family at Birch Hill Falls, Pa.

Dr. Leroy G. Kirkman, Newark, and wife enjoyed an automobile touring trip through the Catskill and Adirondacks last month.

Dr. William W. Knowlton, Camden, and family have returned home from Pitman.

Dr. Thomas H. Mackenzie, Trenton, has been appointed foreman of the Grand Jury of the Federal Court, September term.

Dr. Richard R. Rogers, Trenton, celebrated his 91st birthday anniversary, in good health, on September 15th.

Dr. Edward A. Y. Schellenger, Camden, and family have returned home from Ocean City.

Dr. James W. Ware, Bayonne, and wife enjoyed a few days' stay at Cape May last month.

Dr. Josiah Meigh, Bernardsville, and Dr. W. H. Lawrence, Summit, with their wives, enjoyed a yachting trip last month.

Dr. Louis C. Williams, Lambertville, recently returned from a two weeks' trip to Canada.

Dr. W. G. Alexander, Orange, was elected general secretary of The National Medical Association of Colored Men, in August.

Dr. Grafton E. Day, Collingswood, has been nominated for Congress by the Prohibitionists of the Second District.

Dr. Horace Day, Chester, has been elected a trustee of the Chester Public Library.

Dr. Mefford Runyon, South Orange, has returned from Edgartown, Mass., where he spent several days after returning from Europe.

Dr. Benjamin S. Van Dyke, Cranbury, enjoyed a successful fishing trip to Barnegat, last month.

Drs William Martin, Atlantic City, and John S. Yates, Paterson, were elected vice-presidens of the American Electro-therapeutic Association at the 24th annual meeting in September, at Battle Creek, Mich.

Dr. Henry Wallace, Glen Ridge, spent a week last month at Atlantic City.

MEDICAL EXAMINING BOARDS' REPORT.

	Examined.	Passed.	Failed.
Kansas, February.....	11	10	1
New York, January...	117	73	44
Pennsylvania, June ..	78	65	13
Utah, April.....	8	5	3

New York State licensed 7 candidates through reciprocity from January to June, 1914.

The University of Vermont has announced that all students matriculating after January 1, 1915, in addition to the usual four years' course will be required to take a fifth year as an intern in some approved hospital before they are eligible for the degree of Doctor of Medicine. This is the fourth college which has adopted this requirement.

The Medical School and the State.

In an address delivered at the dedication of the Robert W. Long Hospital of the Indiana University (Journal A. M. A., Aug. 22, 1914), H. S. Pritchett, president of the Carnegie Foundation, New York, holds the view that the medical profession is a quasipublic one, that in modern scientific medicine all sectarian divisions are meaningless, that the rise of preventive as well as scientific medicine has enlarged the State's obligation to oversee and control the public health question, including the practice of medicine and medical education. A State board or commission with its executive officers will doubtless be the organization through which the state authority will be exerted, and the university only furnishes the chance to put scientific ideas into practice. There should, therefore, be the closest correlation between the state board of health and the university medical school. The public should be educated to recognize these conditions, and Pritchett says, in a state like Indiana, a single school of modern medicine is the true solution of the problem. He condemns the commercial medical schools which exist, and points out how their claims of service to the public are fictitious.

Tabluated statistics of college fees, including matriculation, tuition and laboratory fees, show that fourteen colleges charge $100 or less for each student per year, 66 colleges charging between $100 and $175 per year, and 21 charge $175 or more. Among the colleges charging fees of less than $100 are several strong state university medical colleges. On the other hand eleven colleges listed by the Council in Class C charge fees from $100 to $175 per year for each student. Considering the fact that diplomas from Class C colleges are repoted as not recognized as a qualification for a license by thirty-one state licensing boards it would be poor economy to attend one of these colleges because of the

slight difference in fees charged. In some cases it is a fact that in the same time and for even less money the student could attend one of the best equipped colleges, the diplomas of which are recognized in all states. Financial reports from 65 acceptable medical schools show an average actual expenditure for each student for one year of $435 while each student paid on the average in fees only $122. This shows that to furnish an adequate training medical schools must have more income than is derived from students' fees, in the form of either state aid or private endowment.

Public Health Items.

"This towel is disgraceful," declared the drummer at the mining camp hotel. "Boss," said the colored porter, "seventy-five men done wiped dey han's on dat towel dis mawnin', an' you is de first to complain!"—Denver News.

"There is no sense in our being shocked at the social evils that exist all about us, and that threaten our young girls, so long as we directly add to these evils by the shameless way we allow our daughters to dress."

The Sound Man.—Health is civic. Sound men will eliminate poverty and that of itself should make us all sanitarians. Sound men will learn to do without jails, recognizing that so-called criminals are, properly speaking, candidates either for educational reformatory or for a custodial hospital, and therefore again I turn gladly toward the dawn of the new health.—Edward T. Devine in the Survey.

Newark Health Board, Child Hygiene Division.

Dr. Julius Levy, director of Division of Child Hygiene, has issued his report for the first five months. It contains much interesting matter. The following is the report on results:

It is difficult to show adequately the results of this work in figures. The following are given merely for purposes of comparison.

Of our entire number of babies, 495, sickness was reported in 46. This includes 20 cases of contagious diseases. It is generally held that for every death in the community, there are three cases of sickness. This seems to show that we not only prevent infants from dying, but guarantee, to those that survive, greatest resistance and health.

The infant mortality rate for Newark for 1913 was 93 per 1,000 births, the lowest in the history of the city, and one that places Newark among the few cities with rates under 100 per 1,000 births.

The infant mortality rate among the babies supervised by this division was 12 per 1,000 cases. We have included among our deaths every baby that had been counted on our roster, no matter under whose care it died.

The report gives the proportion of births by attendants as follows: Midwives, 51.1 per cent.; physicians, 39.4 per cent. and hospitals, 9.5 per cent.

One interesting chart gives the proportion of births by attendants according to nativity of mother, as follows:

	Midwife. Per Cent.	Hospital. Per Cent.	Physician. Per Cent.
United States..	24.1	13.2	62.7
Russia	51.7	12.2	36.1
Italy	91.2	0.9	8.0
Austria Hungary	78.0	4.0	18.0
Germany	47.6	8.3	44.2
Ireland	29.0	16.5	54.5

This is a very interesting table, and, as far as I have been able to find, a novel one. It is especially interesting when we compare it with the table giving the infant mortality rates by the nativity of mothers. You will notice that while the infant mortality rate is highest among native-born mothers, the proportion of cases delivered by midwives is lowest among native-born mothers; that while the proportion of cases delivered by midwives is exceedingly high among Italian mothers, the infant mortality rate among Italian mothers is one of the lowest; that while the infant mortality rate among infants of Austrian mothers is exceedingly low, the proportion delivered by midwives is very high. I am pointing out these facts in detail to direct attention to the idea that the cause of infant mortality must be found elsewhere than in the nature of the attendant at the birth.

Notifiable Diseases in New York City.

At a meeting of the New York Boad of Health on August 25 section 133 of the Sanitary Code was amended to read as follows: "It shall be the duty of every physician and of the commissioners or managers or the principal, supervisor, superintendent, or physician of each and every hospital, public institution, or dispensary in this city to report to the Department of Health in writing the full name, age, and address of every person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, within twenty-four hours of the time when the case is first seen: Anthrax, Asiatic cholera, diphtheria (croup), dysentery (epidemic), epidemic cerebrospinal meningitis, glanders, gonorrheal ophthalmia, hookworm disease, leprosy, malaria fever, measles, mumps, paratyphoid, plague, acute anterior poliomyelitis (infantile paralysis), pulmonary tuberculosis, rabies, rubella (German measles, rotheln), scarlet fever, septic sore throat, smallpox, tetanus, trachoma, tuberculous meningitis, typhoid fever, typhus, varicella (chikenpox), whooping cough, yellow fever."

Deaths and Death Rates of Infants and Children.

The New York City Department of Health has recently compiled some interesting figures in an investigation in the deaths and death rates of infants and children in the different age periods, the suggestion having been made that the efforts of all organizations to prevent infant mortality consisted simply in keeping babies alive during the first year only to have them die during the second or third years. The investigation extended over the last ten years, and a comparison was made between the first five-year period and the second. For infants under one year of age, the average annual death rate from 1904 to 1908 was 149.2

per 1,000; from 1909 to 1913 it was 114.6, a decrease of 23 per cent. For children between one and two years, the rate for the first period was 48.4 per 1,000, and for the second period 36.3, a decrease of 25 per cent. For children between two and five years, the rates were 15. and 10.9 for the respective periods, a decrease of 27 per cent.; while for all under five years the rate was 56.8 for the first period, and 42. for the second, a decrease in the entire infant and child mortality of 26 per cent. The total number of deaths of children and babies under five was 25,542 in 1904, rose to 25,794 in 1907, and then fell steadily to 20,711 in 1913. The deaths of infants under one year numbered 16,215 in 1904; 17,437 in 1907, the highest mark, and 13,780 in 1913. The figures show that the work which the Bureau of Child Hygiene and the allied agencies in New York City have been carrying on during the past five years has been highly successful, and that its influence has extended not only through the first year of life, but throughout early childhood.—Medical Record.

Enforcing Sanitary Laws.

What is true of laws in general is equally true of sanitary laws. Many so-called sanitary and public health laws now on our statutes are an obstacle to progress in preventive medicine. Many good sanitary laws are not enforced and cannot be enforced because public sentiment it not fully alive to the importance of preventive medicine. The natural result of this apathy is a withholding of proper authority and proper appropriations by means of which laws can be enforced. Hence, laws fail in their purpose. One of the greatest needs in efficient public health work in the United States is a national department of health, a great central educational institution for research, for information, for co-operation. There must be a well-organized national health department in which must centre every function of the government in any way touching public health. The aid and co-operation of this department must be available to every citizen, every community and every city and State board of health in all public health problems, even as the aid of a national Department of Agriculture is now available to every farmer and every farming community.—Dr. W. F. King in Jour. Indiana State Med. Assn.

Another Kind of Race Suicide.

There are in this country 20,000,000 school children, or 20 per cent. of the entire population. Seventy-five per cent. of these children are suffering from some partially or completely remedial defect, which is more or less interfering with their physical, mental and moral advancement.

500,000 have organic heart disease.
1,000,000 have spinal curvature, etc.
1,000,000 have tuberculosis.
1,000,000 have defective hearing.
5,000,000 have defective vision.
5,000,000 have malnutrition.
6,000,000 have operable tonsils and adenoids.
10,000,000 have defective teeth.

Seventy per cent. of the deaths in the United States are due to contagious and epidemic diseases, that could in most instances be controlled and suppressed by proper medical school inspection.—Equitable Life Ins. Co.

Philippine Health Report for Last Quarter 1913.—The report of Victor G. Heiser, Director of Health, for the last quarter of 1913, states that there are now over 60,000 less deaths per annum than in 1905. This reduction occurred almost entirely in the preventable diseases and therefore is a reasonably correct index of the effect of the work of the health authorities. It is said that if the knowledge now available could be effectively applied another 100,000 deaths could be prevented by reducing the rate for tuberculosis, malaria, beriberi and its indirect effects and the intestinal diseases.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, August, 1914.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending August 10, 1914, was 3,198. By age periods there were 797 deaths among infants under one year, 220 deaths of children over one year and under five years, and 843 deaths of persons aged sixty years and over.

The usual increase in deaths from Infantile Diarrhoea appears this month, the number being 481, which is lower, however, than for the corresponding period of the two previous years, viz.: August, 1912, 654; August, 1913, 593.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending August 10, 1914, compared with the average for the previous twelve months, the average being given, in each case, in parentheses:

Typhoid fever, 17 (23); measles, 16 (22); scarlet fever, 12 (22); whooping cough, 23 (35); diphtheria, 32 (47); malarial fever, 1 (1); tuberculosis of lungs, 298 (304); tuberculosis of other organs, 51 (45); cancer, 193 (181; diseases of nervous system, 233 (305); diseases of circulatory system, 455 (502); diseases of respiratory system (pneumonia and tuberculosis excepted), 94 (208); pneumonia, 89 (257); infantile diarrhoea, 481 (189); diseases of digestive system (infantile diarrhoea excepted), 216 (205); Bright's disease, 211 (249); suicide, 43 (40); all other diseases or causes of death, 733 (695). Total, 3,198 (3,330).

Bureau of Contagious Diseases and Sanitary Inspection.

One thousand seven hundred and eighty-four cases of communicable diseases were reported during the month of July, 1914, an increase of three hundred and ninety-eight cases over the number reported during July, 1913.

One hundred and seventy-seven cases of typhoid fever were reported. One hundred and eleven of these were from one municipality and ninety of this number occurred in one institution. Excluding the cases occurring in

this institutional outbreak, the typhoid fever case record for the month of July, in an estimated population for the State of 2,765,514, would have been but eighty-seven cases, or an incident of .31 cases to each ten thousand population. In July, 1913, typhoid fever was reported in every county in the State, one hundred and fifty-one cases in all. In July, 1914, Hunterdon, Salem, Somerset and Sussex Counties reported no cases. Essex reports 111 cases, Hudson, 12; Middlesex, 2.

Diphtheria was reported in July, 1914, from every county but Ocean, a total of four hundred and thirty-nine cases against two hundred and ninety-seven cases in July, 1913, with four counties reporting no cases. Essex reports 147 cases. Two hundred and sixty-five cases of scarlet fever were reported in July, 1914, Burlington, Ocean, Salem and Somerset Counties reporting no cases. In July, 1913, one hundred and forty-two cases were reported, Cape May, Salem, Sussex and Warren Counties reporting no cases. Essex reports 113 cases; Hudson, 55; Middlesex, 28.

The monthly report of cases of tuberculosis when compared with the corresponding month in the preceding year is quite uniform in numbers, six hundred and sixty cases in July, 1914, against seven hundred cases in July, 1913. Essex reports 216 cases; Hudson, 193; Mercer, 45; Middlesex, 16; Passaic, 34; Union, 47.

Bacteriological Department.

Specimens for bacteriological diagnosis were examined as follows:

Specimens examined from suspected cases of Diphtheria	271
Specimens examined from suspected cases of Tuberculosis	501
Specimens examined from suspected cases of Typhoid fever	350
Specimens examined from suspected cases of Malaria	45
Miscellaneous specimens examined	80
Total	1,247

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending August 31, 1914, 497 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following results:

Number of samples found to be below standard: 6 of the 303 of milk; 15 of the 22 of beverages; 4 each of the 21 of hair tonic and of the 16 of toilet waters; the one of alhohol and one of the 2 of witch hazel.

Number found to be above standard: All of the 26 of spices; the 12 of butter; the 28 of cream; the 17 of vinegar; the 18 of bay rum; the 18 of headache remedies; the 2 each of diabetic flour, camphorated oil, cream tartar; the 1 each of ice cream, maple syrup, olive oil, red grape wine, cancer cure, cologne and paregoric.

During the month 45 samples of oysters were examined and 116 samples of water were examined in relation to shellfish work.

Bureau of Creamery and Dairy Inspection.

During the month 316 inspections were made, as follows: 252 dairies; 23 creameries; 9 milk depots; 32 ice cream factories. Number of dairies scoring above 60% of the perfect mark, 100; dairies scoring below 60% of the perfect mark, 147; dairies relinguishing the sale of milk, 5; creameries licensed to pasteurize milk, 4; creameries licensed as non-pasteurizing plants, 7; ice cream factory licenses recommended, 19.

Twenty-two cow stables were disinfected on account of having housed tuberculous animals. These stables were located in the following counties: Bergen, 1; Essex, 2; Hunterdon, 2; Mercer, 1; Middlesex, 1; Monmouth, 1; Morris, 1; Salem, 1; Somerset, 2; Sussex, 7; Warren, 3. During the month, 27 dairymen were given a specified time by the board to improve conditions on their dairy premises. These dairies supply milk to the following municipalities: Asbury Park, Atlantic City, Collingswood, Haddonfield, Jersey City, Keansburg, New Brunswick, National Park, Ramsey, N. J., and Philadelphia, Pa.

The milk from eight dairies was excluded from sale on account of the unsanitary conditions on the premises, and on account of the owners failing to meet the reasonable requirements of the board. This milk was sold in Asbury Park, Passaic, Ramsey, South River, Wallington, N. J., and Philadelphia, Pa. Four milk dealers were cited to appear before the board to show cause why the milk handled by them should not be prohibited from sale on account of not meeting the requirements of the board. Three of them have since met all the requirements of the board, and one dealer was given two weeks in which to provide adequate facilities for washing his cans and utensils and otherwise properly caring for the milk in his possession.

The law passed last winter requiring all owners of dairy cattle to have their animals examined by a veterinarian at least once a year, and a report of the same sent to this office is having a good effect. We are daily receiving reports from veterinarians, boards of health and dairymen, showing the physical conditions of the cows which are furnishing the public milk supply. Judging from the requests we have for blank certificates from veterinarians and local boards of health, it appears that the law will be observed by most owners of dairy cattle.

During the month ending August 31, 1914, 172 inspections were made in 78 cities and towns, the largest number of inspections having been: Trenton, 28; Bordentown, 10; Camden and Salem, each 9; Burlington, 8; Jersey City, 7; Newark, 6, and Paterson, 4.

During the month the following articles were inspected, but no samples were taken: Milk, 284; butter, 52; food, 411; drugs, 494.

Other inspections were made as follows: Milk wagons, 132; drug stores, 94; bakeries, 3; meat markets, 19; restaurants, 11; cold storage warehouses, 15; milk depots, 38; confectionery stores, 51; slaughter houses, 14; grocery stores, 124; canning factories, 69; bottling establishments, 13; egg-breaking establishments, 18; investigations relating to toilet articles, 128.

Bureau of Food, Drugs, Water and Sewerage.

Total number of samples analyzed in the Water Laboratory, 203, as follows: Public

water supplies, 131; proposed public water supplies, 3; State institution water supplies, 1; private water supplies, 40; bottled water supplies, 4; ice samples, 1; sewage samples, 19; miscellaneous samples, 4.

Water supplies and water purification plants were inspected at 26 places. Inspections were made on 15 watersheds. Sewage disposal plants and sewerage systems inspected at 33 places. Special inspections and investigations made at 14 places.

Special investigation of pollutions on the Hudson River were made at Bayonne, Elizabeth, Hoboken, Jersey City, West Hoboken, West New York.

Stream inspections on the Atlantic Ocean and tributary, Barnegat Bay, Black Brook, Deal Lake and tributary, Delaware River and tributaries, Great Egg Harbor Bay, Maurice River, Navesink River and tributaries, Passaic River and tributaries, Rahway River and tributaries, Raritan Bay and tributary, Raritan River and tributaries, Rockaway River and tributaries, Shark River, Shrewsbury River and tributaries, Wallkill River and tributary, Whale Pond Brook, Whippany River.

Number of stream pollutions reported, 81; reinspections of stream pollutions made, 64; stream pollutions found abated, 28; notices to cease pollution issued, 85; plans for sewage disposal plants, sewerage systems and extensions approved, 11; water supply systems approved, 1; bottled water supplies approved, 1.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1914, the following articles have been accepted for inclusion with "N. N. R." During the current month no articles have been accepted by the Council on Pharmacy and Chemistry:

H. M. Alexander and Co.: Normal Horse Serum; Typhoid Vaccine, Immunizing.

Antiseptic Supply Co.: Causticks; Caustic Applicators; Cupricsticks; Stypsticks; Stypstick Applicators, Alum 75%.

Arlington Chemical Co.: Arlco Urease.

Comar and Cie: Electrargol; Electrargol for Injections 10 c.c. Ampoules.

Farbwerke Hoechst Co.: Amphotropin; Erepton.

Fraichild Bros. and Foster: Trypsin.

Franco-American Ferment Co.: Lactobacilline Tablets; Lactobacilline Liquide, Culture A; Lactobacilline Liquide, Culture D; Lactobacilline Liquide, Infant Culture; Lactobacilline Glycogene Talbets; Lactobacilline Glycogene Liquide; Lactobacilline Milk Tablets; Lactobacilline Milk Ferment; Lactobacilline Suspension.

Hoffmann-LaRoche Chemical Works: Thiocol; Syrup Thiocol, Roche; Thiocol Tablets.

Hynson, Westcott and Co.: Phenolsulphonephthalein, H. W. and Co.; Phenolsulphonephthalein Ampules, H. W. and Co.; Urease-Dunning.

Merck and Co.: Cerolin.

H. K. Mulford Co.: Acne Serobacterin; Anti-Anthrax Serum, Mulford; Antistreptococcus Serum Scarlatina, Mulford; Coli Serobacterin; Culture of Bulgarian Bacillus, Mulford; Disinfectant Krelos, Mulford; Neisser Serobacterin; Pneumo Serobacterin; Salicylos; Scarlatina Strepto Serobacterin; Staphylo-Serobacterin; Staphylo Acne Serobacterin; Strepto Serobacterin; Typho Serobacterin.

Riedel and Co.: New Bornyval.

Reinschild Chemical Co.: Phenolphthalein Agar.

E. R. Squibb and Sons: Sodium Biphosphate, Squibb; Tetanus Antitoxin, Squibb; Tetanus Antitoxin, Squibb, 5,000 Units.

Hoffmann-LaRoche Chemical Works: Digalen. The Council has voted that the acceptance of Digalen and Digalen Tablets be rescinded and that these products be omitted from New and Non-Official Remedies. A report explaining this action has been authorized for publication.

Since publication of New and Non-Official Remedies, 1914, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Arlco-Urease.—A standardized preparation of the ureolytic enzyme obtained from the soy bean. It decomposes urea into ammonia and carbon dioxid and is used in the estimation of urea in urine, blood and other body fluids. The ferment is added to a measured amount of urine and, after a time, the amount of ammonia formed is determined. Arlington Chemical Co., Yonkers, N. Y.

Urease-Dunning.—A highly potent and standardized preparation of the ureolytic enzyme obtained from the soy bean. It decomposes urea into ammonia and carbon dioxid. It is used for the determination of urea in urine. The amount of ammonium carbonate formed from the ammonia and carbon dioxid produced is determined by titration with volumetric acid. Urease-Dunning is supplied only in the form of Urease-Dunning Tablets, containing 0.025 Gm. Hynson, Westcott and Co., Baltimore, Md.

Electrargol for Injection.—Ampules containing 160 c.c. electrargol in the non-isotonized condition. Comar and Co., Paris, France.

Styptick Applicators, Alum 75 Per cent.—Sticks tipped with a mixture of alum 75 per cent. and potassium nitrate 25 per cent. Admitted to the Appendix to New and Non-Official Remedies. Antiseptic Supply Company, New York (Jour. A. M. A., July 11, 1914.)

Antiseptic Supply Co.: Stypstick Applicators, Alum 75 per cent.

Arlington Chemical Co.: Arlco Urease.

Fougera and Co.: Electrargol for Injection, 10 cc. Ampules.

Hynson, Westcott and Co.: Urease-Dunning.

H. K. Mulford Co.: Hypodermic Tablets of Emetine Hydrochloride.

Waukesha Health Products Co.: Hepco Flour; Hepco Dodgers; Hepco Grits.

E. Fougera and Co.: Electrargol. At the request of the manufacturer—Comar and Co., Paris—the Council has recognized E. Fougera and Co., New York, as the American selling agents for the product. Also in view of information received from Comar and Co. it has modified the New and Non-Official Remedies description for Electrargol to indicate that this product now contains the equivalent of .4 per cent. of metallic silver.

OFFICIAL TRANSACTIONS
of the
148TH ANNUAL MEETING
of the
MEDICAL SOCIETY OF NEW JERSEY
Spring Lake, N. J.,
June 29, 30 and July 1, 1914.

(Continued from page 488. September Journal.)

THE BANQUET ADDRESSES.

TUESDAY EVENING, JUNE 30, 1914.

President Hollingshead, after felicitating the Society on the promised "good things" and expressing his appreciation of the honor of presiding at the banquet, introduced the Governor, as follows:

"Last year we had the pleasure of having with us the Acting Governor of our State, but this year we have the 'real thing.' Last year before his election we listened to him, and now we listen to him, hoping he will help us.

"It gives me great pleasure to introduce to you this evening our Governor, James F. Fielder."

ADDRESS OF GOVERNOR JAMES F. FIELDER.

Mr. President, Ladies and Gentlemen: As one of the few laymen present I should feel much embarrassed at being in the position of a subject for dissection by so many physicians, but I have such very pleasant recollections of the dinner of last year and the kindly and courteous treatment you then gave me, that I am moved to believe, in fact I am convinced, that you are quite harmless, at least at dinners. It is true that on the occasion of the dinner last year, I was the Acting Governor of the State, with an ambition, but recently born, to become the real Governor, as Dr. Hollingshead has said. I think it was the circumstance of that dinner that finally aroused in me the belief that I might succeed in my ambition, because I then saw what a happy, prosperous and successful lot of men you doctors were and that you had become so by prescribing for the bodily ills of the people of our State and giving them advice as to the manner in which they should conduct their lives, and I felt that all that was necessary for me to do was, in my speeches, to prescribe for the political ills of the State and offer myself as the remedy for all those ills existing in the body politic, and you all know better than any one else how easy it is, by looking wise. by appearing to have diagnosed the condition of the patient and after prescribing bread pills or something equally harmless, it is really your wise looks and the faith that the patient has in you that you know what you are talking about, that restores the patient to health. Well, it is perhaps something like that that may account for the success with which I met. At least I feel I must thank you for the inspiration I then received and I should also thank you for the opportunity you have given me to repeat again to-night the very pleasant experience of a year ago. I am very much at a loss to know what to say to a body of men of your profession. Medicine is of course a mysterious subject to me, one of which, fortunately, I know very little and I hope you will bear with me when I say "fortunately," for I mean my contact with physicians in their professional capacity has been very limited and what little contact I have had, has not tended to enlighten me much in the mystery of your science or of your profession and I feel that perhaps I ought to be here as the Governor of the State, merely in my official capacity to recognize this gathering of representatives citizens and professional men and leave the real talking on the subjects that are of peculiar interest to you, to others who are so much better informed than I could possibly be. But I can say, as the Governor of the State, as the representative in a measure at least, of our people, that it is a fine thing for us that we have such a body of men as you in our State and that you should gather together on occasions to discuss the things in which you are professionally interested. It is a good thing that these gatherings are held and that you do talk over the matters in which you personally and individually are interested, because you have long ago gotten beyond the day and beyond the time when your meetings were held for your personal advantage, for your own personal gain, and you are treating your conferences and your organizations as parts of the public, as parts of those things that each man should do in his profession, in his business, in whatever pursuit he may follow, for the benefit of others with whom he lives and with whom he associates, and the things about which you talk, the knowledge by wide experience that some of you acquire in your particular specialty, is communicated to the others and through the medium of the press your discussions given to the public at large, are of course of great benefit to all our citizens and to our State. I was somewhat interested to read in the newspapers, only a day or so ago, of a dis-

cussion—I think it was at the American Medical Association meeting—on the question of whether the discovery of a physician should at once be given to the world or whether it should be passed upon by a body of his professional brethren first and the decision as to whether it should be given to the world, left to them. Well, I have not given the matter so much thought or as careful consideration as you have, yet, it would seem to me that if we are striving to do things for the benefit of our fellow-men, if we are trying by our particular studies, by the position in which we are placed, to help the world along to a better condition, we cannot do better than give them that help at once, as soon as the opportunity is presented to us to give it to them, and, therefore, it would seem to me that whatever discovery a physician makes, is not for his own good, not for his individual benefit, because what he is studying and searching for, is light and knowledge in his profession for the benefit of those whom he serves; therefore the best thing that he can do is to give the discovery he has made, the new and important knowledge he has acquired, to the world at once in order that others may take up and perfect it, if need be, and especially so that the world may have the immediate benefit of the particular information he has acquired. I am very timorous about speaking on the subject of medicine for the reason I have already assigned and also because I recollect very well that at your dinner last year, I had the idea, or thought, that in your profession you were ready to make experiments, that you were ready to lead and blaze a new way; that when you had worked out an idea which you thought would be of some benefit or of some help, you were not tied down by precedent and by what others had done in ancient days, but that you were willing to attempt to put into practice the thing that you had discovered, and I remember that Dr. Walsh spoke very shortly after me and proceeded to demolish all the ideas and the theories I had along that particular line by showing me, as I suppose he showed you who were then present, that there wasn't anything new under the sun in medicine, but that all the things the doctors thought were new discoveries, were merely new to them but had actually been in use centuries ago; I think the 13th Century was the golden century according to Dr. Walsh, and that the people of that time and of that age, had done all the things that the doctors of our day and time think are new. Well, since then I have read Dr. Walsh's book on the subject of the 13th Century and after reading it I am willing to admit that even we lawyers know very little that was not known centuries ago, and that what is true of our profession, is also true of practically every other business and every other profession in the world, according to Dr. Walsh; I do not mean to say that Dr. Walsh is not correct, because I regard him very highly, having had the opportunity of meeting him on several other occasions and found him a very delightful man and a very interesting talker. Now, for one who had not intended to say much but who was going to leave the real talking to the men of your profession, who can interest you in the things that you are particularly interested in, I have wandered and rambled along to a considerable extent and I shall now stop after expressing the very sincere wish, the very sincere hope, that the men of your profession will continue to take a very deep interest in the affairs of our State. I say "continue" to take this interest, because in the last few years a good many of you have discovered that you have time for something else beside the practice of medicine and that you are citizens of the State of New Jersey and of the United States just to the same extent as other men and that our State and our Country are entitled to some of your time and some of your service, and the particular field in which you can aid the State is perhaps the best field of all and that is in the direction of the public health, in teaching us the things we ought to know about sanitation, about pure food and the prevention of infection, the development of our hospital system, of our local hospitals and our State hospitals and the care of the defective, the insane and the feeble-minded of our State. There is an exceedingly large field in which you can do the greatest amount of good work and in these directions we must look to you for the expert help, for the expert assistance and advice that can be obtained in no other quarter, and I commend to you some very serious thought on this subject of good citizenship and how far your duties should extend for the benefit of the State as a State, seeing that you are citizens of no mean commonwealth.

President Hollingshead: There was a time, many, many years ago when the physician and the minister were one and the same. In 1775, General Washington at Morristown, New Jersey, called upon the

Reverend Jacob Green to inoculate the soldiers then in camp. In olden times there was a very close relation between doctors of divinity and doctors of medicine and it will be a great privilege and pleasure to now listen to a man whose life work is to remedy the spiritual ills. I now have the pleasure of introducing to you Dr. Floyd W. Tomkins.

ADDRESS BY REV. DR. F. W. TOMPKINS.

Mr. President, Your Excellency, ladies and doctors. That does not imply that you are not gentlemen but only that you are doctors and gentlemen. I congratulate you on your age. I had no idea that you were born away back in 1766, and I cannot help thinking how strong you were in those days in order to hold your own; much more so apparently than some of us ministers, in spite of the fact that your president has just spoken of, union between the minister and the physician. Why in the year 1792, I think it was, at the old Central Church of Hartford, Connecticut, there was this record made on the books: "January 27, 1792. On this day John Smith renounced religion and joined the Episcopal Church." So you see we Episcopal ministers at any rate had a pretty hard time of it just about the days you were flourishing and everything was getting on so beautifully with you. And particularlyI congratulate you upon having your very much better halves with you to-day, those who are married; and those who are not ought to go and do likewise. It is a splendid thing to have the ladies to take care of us. Without them we could not begin to do our work. You remember the feminist ideas are just now quite a common thing in England and are spreading through this county. "Woman; once our superior, now our equal." There is something about a doctor's face that is always attractive. I was saying to one of the physicians before dinner to-night that I never knew a physician who was a pessimist. There seems to be something prevailing in the very atmosphere and in the very character of a physician which makes one feel better whenever he comes in the presence of a doctor of medicine. I don't know why it is unless it is that you take life easily; or unless there s somethiing in your profession itself which is full of hope for some one or other, for you always look at the bright side of things. That is not always the case with the rest of us. It reminds me of the story of the Sunday School teacher who wanted to show off her class as the minister was standing near by, and so she began to ask them questions, thinking they would answer in such a manner as to reflect glory upon her. She said first to a little girl: "Margaret, why do you love God?" "Why," said Margaret, "I love God because He gave me such beautiful blue eyes." Feeling a little discouraged she turned to another little girl and said, "And why do you love God?" The little girl replied, "Oh I love God because He gave me such beautiful curls." Again discouraged, but hoping for better success she called up a little boy who was red headed and freckled and had a broken nose, and she asked him, "Why do you love God?" "I don't love Him at all" the little boy cried, "He pretty nearly ruined me." Now there are people you know who are just like that; always looking at the gloomy side of things; who always see things as if they were pretty cloudy and dark, like some of our ministers in the olden time who used to sing gloomy hymns that you may remember. I remember very well, as a boy, walking through the city and looking at the churches. You couldn't for the life of you tell what denominations were represented or who the ministers was; no sign was on the church but the undertaker's sign, and consequently the people thought the churches taught them how to die instead of how to live. What wrched hymns we used to have in those days. Here was a hymn sung at baptisms "Few are the days and full of woe, O man of woman born." Here was a hymn we used to sing at the marriage service: "Deluded souls that dream of Heaven." There was a man in Pennsylvania; (dear old man; I knew him as an old man in New York. He found that his love was not returned and so he went to his room and wrote a hymn, sung by our forefathers:—"I would not live alway, I ask not to stay." Now, thank God, the time is past when our churches sing songs like that. Rather do we sing hymns like "Onward Christian Soldiers," "Fight the Good Fight," and so on; and you doctors have done a great deal in teaching us. We realize that we are here to live, not to die, and that our religion and everything associated with our religion all knowledge, all truth, is something by which we are to advance and grow. But the splendid thing about the medical profession is that it is advancing; that ti is a scientific profession and grows most rapidly in numbers. We all know the num-

ber of doctors that are turned out every year;—how under the sun or how on earth do they make a living, I don't know; but they all do, and all of them seem to have automobiles before they have been out a great while. I wish I could learn how to secure one; I can't afford an automobile yet. But not only do the doctors multiply in number; they multiply in wisdom and knowledge. That magnificent gathering which was held in Atlantic City not long ago and your splendid conference here, which I wish I might have had the privilege of attending and hearing your papers and an account of the knowledge you have gained; these show how wonderfully wisdom is coming. It is a splendid thing to grow and it is good to keep your face looking forward and to know always that there are better things coming. There are some people who never can see anything in front; they seem to have their eyes in the back of their heads. Some people haven't the faintest idea that the best days are coming; they always seem to think that the best days are gone. They cannot see straight. We have a girl in Philadelphia who is so cross-eyed that when she weeps the tears run down her back. The doctors treated her for bacteria. It is a splendid thing to advance and utilize the wisdom which God has given us, and to put it into practice. In your profession, which is such a practical profession, you gain wisdom and at once you proceed to try it. I will not say that you adways try it in the wisest way. There are some naughty men—(none of them in New Jersey)—but there are some naughty men who try it on animals, (don't put me out!) There are some naughty men who try it on human beings too, but no matter. The fact is that when you discover a remedy, or think that you have discovered it, you begin to experiment with it and through that experimentation you come to definite and positive usefulness. You have a far sight of future things and you realize that the wisdom which comes is always a practical and not a theoretical wisdom. I admire your courage, brother physicians; you are a brave lot of men as well as a cheerful lot of men. You attempt tremendous things and in attempting them you rule them. There are some people who are always frightened at their own ghosts; they are afraid that they will be overcome. There was a certain man out West, in fact he was a friend of mine, who was walking one dark night on a deserted road of a Western State. He thought to himself, "why, I have no gun, and suppose some one should attack me!" Then he heard steps behind, and he walked faster and the steps came faster. He walked faster still and the steps behind came faster still; then he started to run and the man behind started to run. He ran about three miles, until he was winded, and then he came to a dark place. "Here is where he is going to get me but I will die like a hero" he said, and he turned around to face the man. "Tag, you're it" the man said; "now run after me." A great many of us are afraid of the things that really only want to play tag with us. But you doctors have gone forward in the face of opposition and even in the face of calumny and persecution; you have gone forward with determined step, and you have conquered because you have taken the evil which met you and turned it into good. That is true victory. He gains the victory not merely who crushes the enemy, but he gains the victory who turns the enemy into a friend. There was a man not very long ago who wanted to go out to be a missionary to the cannibals. His friends tried to dissuade him but he said "I must go." The captain of the ship on which he embarked tried to dissuade him: "My friend you will be eaten up alive by those cannibals or ever you land upon the island," said the captain. "I cannot help it," said the missionary, "I am going." The captain said "very well" I will let you off." So the captain let the minister off, and the savages swept down on the missionary. Ten years or so afterward the captain came back to that island, and there was a beautiful white church on the hill. As he came a little nearer he saw the savages, now clothed and evidently civilized, coming down to meet the ship, and in their midst was the minister, alive and well. As soon as the opportunity offered he took the minister aside and said: "Tell me how you did this." "Well," said the missionary, "it is an interesting story. They dragged me into the bushes and I thought they were going to make an end of me. They took a good look at me and I waved my hands and they stood back in a semi circle; then I took out my jack knife and cut off a piece of my leg and passed it around. They all tasted it and concluded that I was not worth eating, and so they let me live, and I converted them all and built that church." "But," said the missionary, "I will tell you what I did not tell them; that I had a cork leg." Well,

don't you see there is the victory? He used the very handicap of his life and turned it into usefulness and through that gained the victory. He converted the savages by his cork leg, and a mighty good thing it was for him to do. I wish more ministers would convert with their legs rather than with their heads. That is what you doctors, I think, have done. I am not flattering you; I am simply telling what I think of you and the way in which you have turned the evils of life into good by mastering them; not by crushing them, but by turning them into excellencies. I once knew a woman who was fat; she was too fat, she thought, and she went to a doctor and he looked her over and then gave her just one prescription, and said she need not come back again; and she began to grow thinner and thinner. He gave her the germ of a tape worm. Why, it is a wonderful thing the way in which you will take poisons and through those poisons work cures. That has always been a mystery to me, and at the same time it is a mystery which has taught me a great deal regarding this matter of real victory, which transfigures and tranposes and changes into excellence that which was before so ruinous. The medical profession is a learned profession. The profession of law and the profession of medicine and the profession of the ministry are the three great powers which go side by side and shoulder to shoulder and heart to heart, for the reformation of the world. I admit there are bad ministers; we are not in Heaven yet, I admit there are bad lawyers. I heard of one in Philadelphia not long ago who was so restless in his sleep that he would lie first on one side and then on the other! Doubtless there are some bad doctors too; you all know them. But because there are bad men in all three of these learned professions does not alter but rather proves the truth that these learned professions are walking along earnestly developing, working with each other and for each other for the advancement of higher things and the furtherance of body, soul and mind. It is that situation, I think, which always must have a good effect. The learned professions do not fight against each other very much. You don't find a minister getting up and preaching against a doctor or a doctor preaching against a minister, or a lawyer preaching against either of them. It is not so in our individual professions, alas. I think there are doctors that sometimes preach against other doctors. I know there are lawyers who fight in the courts against other lawyers and I am very sure ministers have preached against other ministers. Away back in the West, in Ohio, there was a little corner of the town where two churches were adjoining, I think one was a Baptist and the other a Methodist; and on Sunday morning one would sing, "Will there be any stars in my crown?" and the other congregation would sing back: "No not one!" But thank God there has been a feeling of unity between the three learned professions; a unity which has made us feel that when we meet with doctors, when we meet with lawyers, when we meet with ministers, we are in the house of friends. It is a splendid thing, dear friends, to feel the power which is possessed through learning. I am enthusiastic about the education of this land. Do you know that there is no land in all the world—and I beg pardon if you were born an Englishman or a German, but it is so nevertheless—there is no land in all this world that has such educational facilities, such educational institutions as we have in the United States of America? (Applause.) Our palaces are not the places where Kings live or Governors live or Presidents live, although it is fitting that splendid accommodations should be provided for those men; but our palaces are the places where our children are educated, the finest buildings in our cities, the finest buildings in our towns. Our palaces are without money and without price. The children of the emigrant can go to-morrow and learn what life means and learn how to live it. It makes one enthusiastic when he thinks of the schools dotting this fair land from one end to the other, the colleges, the professional schools, the medical schools, the law schools and the seminaries, where men and women are turned out to lead. For it is knowledge that must lead. And so when we speak of the learned professions and when you take pride in your profession because it is a learned profession and proves that it is a learned profession by ever advancing in knowledge and learning, it seems to me that we touch upon one of the foundation principles of the whole of life. After all, my dear friends, how are the troubles in this world going to be settled? How are the troubles which face us to-day, that we have always faced, but we have to face them in earnest to-day because the

time is coming for us to solve them; how are the problems going to be solved; the troubles between labor and capital, problems concerning intemperance and immorality and dishonesty; problems concerning the labor of little children; problems concerning the welfare of men in general; housing in our large cities, and poor food; how are all those things going to be solved? Not by the man who believes in abolishing everything that does not agree with him; nothing has ever been done in that way and never will be—since the days of Cain who killed his brother because he did not agree with him. Is it going to be done by the man who is imaginative, who thinks he can bring a solution out of the difficulties by theory? Never. The dreamers have never done anything for this world. These problems are to be solved by knowledge. They are to be solved by your learned men who are drawing more and more from the fountain of knowledge which will show them what to do and give them the power to do it. If we could only make men realize that; if we could only take the men coming out of our colleges, coming out in great numbers these summer days, and say to them; "The whole world is waiting for your knowledge, to put it in practice"; if we could only make those in the learned professions realize that they are in those professions not chiefly or only to get a living, but that they are in those professions in order to help solve these great problems which are pressing upon us for solution! Every one of us, doctors, lawyers and ministers, is bound to use his profession not merely in the particular way in which he is called upon to use it, not only in the special lines where he is called upon to treat, but is bound to use his wisdom for the great advantage and development of mankind. He must know that the whole world is waiting for him to put his trained intelligence upon it and make it stronger and deeper. I am so glad that his Excellency spoke, as I was sure, being the man that he is, that he would speak, of the importance, not only of you doctors, he might well have said also of us ministers and lawyers, taking an interest in our country, in the affairs of our country; seeing that she is pure; seeing that she is governed by the best of men; seeing that the honorable things are upheld and carry the day. Brothers, you must do it; not bound down simply to your own little profession; not merely feeling sympathy one with another; but with locked arms going forward for the emancipation of the world in every way, so that men may find that there is a solution for ills whether they be political, belonging to the body politic; whether they be economic, whether they be physical or mental or spiritual. There is a solution for those ills; it is the wisdom which comes from God. I say "comes from God," for I am not ashamed in this presence to say what you well know, that the power and the wisdom of God and the gathering together and utilizing of His wisdom, which not only comes from Him but is a wisdom which He himself gave to us to use, are ours. The skill of the surgeon is the power of God, moving his arm and his mind as well as his brain. The skill of the practitioner is the wisdom of God. I am not preaching. I am simply applying a great truth. One of the greatest surgeons in an institution never went into an operation without first kneeling down to call upon God for wisdom, the wisdom that he needed. I have a clergyman friend in Schenectady, New York. Schenectady is a little town next to Auburn. They say the girls in Schenectady have hair "next to Auburn." This man has a little daughter, and his name is Taylor; Rev. Dr. Taylor. One day she ran into his study very much excited, and he said to her, "Blanche, I love to see you at any time, but when father is in his study and the door is shut you must not interrupt him because your father is in partnership with God and he has to read his Bible and pray, so that he may find out what God wants him to do." "All right" said Blanche. An hour or two after he discovered that Blanche had cut large letters out of a newspaper and had pasted up on the door: "Lord and Taylor." I think the child struck the truth. I think it is a perfectly fine thing to realize that in our wisdom and in our struggle for the right, in our battle against the evils of life, physical, mental, intellectual and moral of every kind, the Almighty God of truth is with us and we working with Him, so that we cannot fail. Whenever I meet with such a body of men, with a body of men like you, I seem to feel that the great day is not so far off when pain will be unknown in the world, when pain will be mastered by your skill; a day not so much when there will not be any dishonesty in the world as when dishonesty will be conquered; a day not so much of no sin and temptation as when men will be strong enough to scorn

all sin and temptation because they will be superior to it. That is the glory of the learned professions. Therefore let us march forward! The earth is ours, given to us to minister to its needs, and it is ours, given to us first to seek and then to find and then to use. All power is given unto us just as rapidly as we can use it. Only let us use it with discretion, only let us seek the truth with determination; only let us strive always for the good of the whole world in order that at last the perfect day may come.

Dr. Hollingshead: Ladies and gentlemen, I now present to you one of the leading physicians of Philadelphia; a man whose ability has placed him in the front ranks of medical men; a man who is not only well known in his native State but whose name is found in foreign lands. I have the honor of introducing to you Dr. George E. DeSchweinitz, of Philadelphia.

(We regret exceedingly our inability to give Dr. De Schweinitz's eloquent address as he is still away on his vacation and the report we have of it utterly fails to do it justice).

President Hollingshead: We had expected to have with us as a speaker our able State Commissioner of Education Calvin N. Kendall, but we regret that sickness prevents his attendance. We are, however, exceedingly fortunate in having an eloquent gentleman from Philadelphia take his place. It gives me great pleasure to introduce Edward James Cattell, who will speak to us on "The Dawn of a Brighter Day."

ADDRESS OF EDWARD J. CATTELL, ESQ.

Mr. Toastmaster, Ladies and Gentlemen, and Your Excellency, the Governor:

As I listened to your toastmaster announcing that I would speak about the Dawn of a Brighter Day, the thought occurred to me that my ancient appearance would be more suggestive of the sunset than the dawn; but although I carry plainly the marks of gathered years, I am to-day more in love with life than ever before, and the prayer of my heart each day is for length of years. Indeed, I want to live to be a hundred years old and then renew the lease at double the rent..

That I enjoy life so much at this present day I owe to your great medical profession, for, nearly fifty years ago, my hold on life was very slight, and only the splendid devotion and the wonderful skill of a doctor, whom I loved with all my heart, carried me through the dark hour and brought me to a condition of health which has continued to the present day. Small wonder, then, that I find a distinct pleasure, as well as recognize a distinct honor, in this opportunity to meet with you on this happy occasion, exchanging thoughts which may be mutually helpful, carrying into action that splendid dictum of Emerson's, that "we owe to man, man."

We are strong here in America and are daily growing stronger because we enjoy just such social gatherings as the present function—gatherings whereat we come to know each other better and, through the exchange of ideas and memories, in a way make our social gatherings a very real university extension course.

I am glad to be with you; I am glad to have this opportunity to talk, but I am speaking under difficulties, one of which is hereditary in character. In the matter of appetite I take after both my mother and father: one ate very fast, and the other ate a long while. Combining the two I eat a great deal; as a consequence of this hereditary habit of enjoying the goods provided at the banquet table, I find some difficulty in handling my voice. Indeed, I am forcibly reminded by my present feelings of a little incident associated with far Yorkshire, England, many years ago. A little boy, seated at my side, had eaten a tremendous Christmas dinner, one which must have taken every wrinkle out of his little anatomy for the rest of his life. When he had reached his capacity he called to his nurse and said, "Pick I up, carry I out, but don't bend I."

I feel in an unbendable condition myself, but will try to overcome this physical handicap for I do wish to do my part in adding to the success of this function, realizing that I am speaking to a body of men who are, in every sense of the word, public benefactors, pillars of the State in a very real sense. I know there is a different opinion held regarding your profession by a certain portion of the population. I remember long ago one morning meeting our colored coachman and asking him the question, "How is your wife coming on?" His answer, delivered in the most mournful tone, was, "My wife is going to die, Massa Ned." "What makes you think she is going to die?" I asked. "Why, the doctor says she is, and he knows what he's giving her."

This slander on the profession I have always vigorously combated for I really believe that even in cases where they do no good they certainly do no harm by their medical assistance. And, speaking of med-

ical assistance, you all remember, probably, the answer of the little boy when asked who attended his father in his last illness, his reply being, "He died without medical assistance." To speak the simple truth, I feel highly honored in being offered this opportunity to speak to a body of physicians, for I regard your great profession as one of the mightiest forces in making and holding this great republic. Health I hold to be the basis of all happiness, and happiness a necessary foundation for all prosperity, either in the life of the individual or of the nation. Moreover, an occasion such as this makes a stirring appeal to me, because I believe we underrate the duty of being happy. In a phrase, it is our duty to make people happy; it is God's duty to make them good, and it is a very easy task for the Almighty to make a happy man into a good man. Health is parent of the greatest force in developing character, in creating power in the State, as well as in the individual, because health is parent of courage, and courage brings that poise which is the real parent of real power.

I had my first lesson in courage at just such a seaside resort as this more than a century ago, when I was a young man. I was walking on the beach one glorious moonlight night—one of those evenings when the stiff breeze from the sea wakened every faculty and made one instinctively exclaim, "Thank God for life!" My companion was a very pretty girl, one of those pretty girls which the Lord always drops into your path when he wants a man to be supremely happy. Paradise, you remember, was not Paradise until He dropped a woman into that little garden spot formerly monopolized by mere man. Well, I was walking on the beach, with the moonlight stirring my blood to a new heat and the sea breeze waking up all sorts of mischief within me when, overcoming my natural bashfulness, I got my arm around the girl's waist, and then I got scared. The girl didn't; they never do get frightened. Noticing my hesitation to proceed my young friend remarked, "Why don't you kiss me?" I answered, "I cannot, I have some sand in my mouth." She said, "Swallow it, you need it." A brief conversation, but one which had a lasting influence on my life, for ever since that day I have swallowed the sand and proceeded to business. I think it a pretty good rule for every man to look out for the sand, to cultivate courage, to face life without fear and with a manly heart. Remember in every crisis of life the old couplet:

"Tender hearted grasp the nettle and it
stings you for yours pains,
Grasp it like a man of mettle and it soft as silk remains."

Another feature of this function which adds to my pleasure distinctly is the presence of the ladies. It has been my good fortune to meet a great many men who have made history, men who are leaders in many lines of life. I have never found any man yet who was making good, who was doing that which made the world his debtor, who was not so acting in an effort to win the good will and justify the faith of some good woman. I regard the most beautiful lines written those of Tennyson's wherein he says:

"Happy he with such a mother, faith in
womankind beats with his blood,
And trust in all things high comes easy to
him.
And if he trip and fall, he shall not blind
his soul with clay."

My enjoyment in being with you to-night is really a natural condition, because I love life thoroughly. I am as optimistic as my dear friend O'Brien, who called upon me one time to say good-bye before leaving for the Sandwich Islands. Having visited this part of the world, I cautioned him, saying, "Pat, you never can stand the climate, it is 185° in the shade!" Back came his answer, "I needn't stay in the shade all the time." He did not understand the problem, but he did have confidence in his ability to better his condition by making a change. He was almost as light-hearted and life-loving as another native of Ireland who, after falling down a long flight of stairs, said to someone who assisted him to get up, "Well, I was coming down stairs anyway."

It all depends upon our point of view, on our attitude toward life and our attitude toward our fellowman. According to my theory of life, we get by giving, but you have got to give before you get. As an old colored woman once said to me, "The Good Lord will do half the work, but it is going to be the last half." If you cannot get what you like, like what you get; it is a pretty good rule either in the pursuit of health or in the pursuit of happiness, and they are almost synonyms. Keep the level of your ideals high, but keep it within the region of the attainable. Waiting one day on a railway station of a small country town in South Carolina, hoping that the

express to the South would stop, although not scheduled, I had as my companion an old darkey and a dog. The Southern Express came thundering down the line and whirled through the station without stopping. As my darkey friend said, "It didn't even hesitate." Down the track after the disappearing train raced the dog. He was gone about five minutes, returning exhausted and dropped on the platform. I said to the darkey, "Is that your dog?" He said, "No; he is down here every day and does the same thing always." I then asked, "Haven't you often wondered whose dog he is?" His reply was, "No, boss, but I have often wondered what in hell he would do with that train if he caught it."

This is the trouble with a great many of us; we are chasing after things that we could not utilize even if we caught up with them. I believe Emerson's advice is good, "to hitch your wagon to a star," but I would suggest having traces to that wagon sufficiently long to keep the wagon wheels on earth where we can move some real burden, accomplish some real task in real life. And why should we not all be optimists? Any man who is alive is a rich man. Each day brings a bounteous gift or blessing from the hand of the Great God and Father of us all; each day is full of opportunities to make somebody else happy, and therein lies the secret of happiness for self. I have an old habit, inherited from a dear old mother who has been these thirty years with God, of lifting my hat every time I meet a cripple on the street or somebody bearing a heavy physical handicap, and under my breath, so that they will not notice it, saying, "God help that man, or that woman, to bear the burden; and God make me grateful that I have not such a burden to carry." The other day, coming from the Bellevue-Stratford after luncheon to my office in City Hall, twenty-six times I was forced to breathe this prayer of thanksgiving at having escaped some burden that had been placed upon the shoulders of some other child of God. I think this attitude of letting our mind dwell upon the things we have, rather than upon the things we have not, is a tremendous factor in making life happy, as well as making life a happiness-bringer to others. We in America have no excuse for pessimism. I hate a pessimist on general principles. You know the real pessimist is a man who, when you offer him the choice of two evils, takes them both and sends in a repeat order before the first can be delivered. As a matter of fact, any open-minded student of world conditions, more particularly conditions in this wonderful republic of ours, is forced to believe that we are growing better, stronger, happier with each succeeding year; that with each succeeding year there is developed a higher level of ideals, a deeper interest each in the lives of others, a broader and a clearer recognition of the mighty truth that each in America is, indeed, a sovereign of Divine right—a sovereign with a special work to do for God, a work which nobody else can do, a work that if we neglect will remain forever undone and the level of civilization lower, through our neglect, all over the world.

Coming to the material point of view, there is everything to justify optimism in the heart of an American. I crossed this country on the first trains that linked the Atlantic with the Pacific, in 1869. On that journey I traveled five days through a section of the United States described on every geography in the world as the Great American Desert. To-day, thanks to the new skill born of scientific training, we are raising from three to four crops per year on this arid land. Previous to this trip I had seen in Southern cities many signs threatening a fine to people who left cotton seed in the streets as waste. To-day, thanks to the same scientific training, that wasted cotton seed adds nearly one hundred and fifty million dollars a year to our credit balance in exports. At the present moment three times the pulling power of all the horses in the world is running to waste in our rivers —power which will soon be harnessed to the uses of civilization and the energizing of commerce. We mine each year five hundred and seventy millions tons of coal, wasting two hundred and fifty million tons underground through faulty methods. Advancing skill will soon save this awful waste underground and add that much to the wealth of the people each year. When we get the fuel above ground, in utilizing its power we get only eleven per cent. of that power and fling back in God's face eighty-nine per cent. Science will soon show us how to get the eighty-nine per cent. and only waste eleven.

At the present time we have only one-quarter of the area of the United States in utilization, vast areas being left unoccupied and unused for the coming generations. On the area being utilized tremendous increase of product is promised. Last winter I spoke to a thousand boys who came to Philadelphia from Ohio in four splendid Pullman

trains. Each boy received that trip as a prize for increasing the product of corn, per acre, in his native State: the least successful had increased the product from 39 bushels to 89, the most successful from 39 to 390 bushels. On a present-day basis of only 16 bushels to the acre, God gives over one thousand million dollars of new wealth every year in this one crop. When these young farmers have succeeded to their fathers' work we will receive out of this one crop each year more new wealth than the total bonds and stock of all the railroads in the United States.

The possibilities of the future stagger the mind, they are so tremendously encouraging. Take any period of the republic; go back and compare the beginning of that period with the closing days and you will receive a new inrush of hope and confidence. I spoke a moment ago about a trip to California in 1869. This country then had only about thirty-eight million people: now it has one hundred million. It had a wealth of about thirty-five thousand million dollars; it has now over one hundred and thirty-five thousand million dallars. Every day since that trip forty-five years ago we have added more than one thousand acres of cultivated farm land to the cultivated area of the United States. In that period we have received and assimilated into the public body more than twenty-one million foreigners, a body of population seven times as large as that which organized this republic. We have met and solved during that period some of the mightiest problems in finance, in trade; we have made discoveries which in your own profession have revolutionized practice and proved a beneficent influence throughout the whole world. Much has been done by our people; more can be done, and to every American should come a new courage to meet the future, a new pride in having been appointed by the living God to carry out His great work of development here on earth.

In our day by day life we frequently reach periods wherein it seems to be all outgo and no income, where we seem to give and give and never get anything back, but my experience of life, of a conscious life extending over half a century, has proved to me that God pays and pays liberally, not always on performance of the act or delivery of the goods, but that He pays some time, somehow, somewhere. We are apt to misjudge this feature of life: that was illustrated to me by a little incident in Sunday school work years ago. My mother was very fond of working with little children in the infant school. She made a special point of teaching humility and warring against vanity. One day the good bishop called to see the school. My mother, wishing to show how well the children had been taught, asked one little girl why she loved God. Unfortunately she selected the wrong girl for the answer to her question was, "I love Him because He gave me my beautiful blue eyes." In confusion my mother sought refuge by the same question to another little girl. The second answer was, "I love God because He gave me my beautiful brown curls." Utterly demoralized by these unexpected answers, my mother, in despair, asked the question of the ugliest boy in the class—a little fellow with an upturned nose, freckled face, bristley red hair, a boy with a face so ugly that it must have ached. "Why do you love God?" asked my mother. "I don't love Him at all," came the answer, "He darn near ruined me." I am afraid there are a great many people alive to-day who measure God's gifts by this practical everyday rule. Let us take the higher standpoint; let us look at life in the large, and let us thank God for opportunity to live and to labor and to love.

As I speak there is carried in through the windows the sound of the breaking surf, and my mind sweeps back to a scene unforgetable in memory. It comes all the more readily because, looking out upon your faces, I am reminded of how many sad home scenes you have witnessed, scenes where medical skill having proved unavailing, the end drew near for some dear one and the inevitable break came in the home circle. I knew President Garfield well, and his long sickness and his death left a vivid impression upon me. He had always been fond of the sea, and when, after those weary months of suffering at the White House, his case was found to be hopeless, he begged that he be carried to the seashore that his last view on earth might be that of the mighty ocean. With loving hands they transported him across the State of New Jersey, carried him to the beautiful Franklyn cottage at Elberon. There, in a large room with windows opening on the sea, life slowly ebbed away. After his death Mr. Blane, who loved him, delivered a remarkable tribute before one of the most remarkable audiences ever gathered in any house in the world, in the House of Repre-

sentatives, Washington. Closing his splendid tribute he pictured his scene in these words:

"With wan, fevered face lifted tenderly to the cooling breeze,
He looked out wistfully on the ocean's changing wonder—
On its far sails whitening in the morning light;
On its restless waves rolling shoreward to break and die under the noon day sun;
On the red clouds of evening, arching low to the horizon;
On the serene and shining pathway of the stars.

Let us think that his dying eyes read a mystic meaning that only the wrapt and parting soul may know.
Let us believe that in the silence of the receding world
He heard the great wave breaking on a farther shore,
And felt already on his wasted brow,
The breath of the Eternal Morning."

This scene of the assassinated president passing to the other world; these words of one of our most eloquent speakers, are carried to me on the sound of the breaking surf and they bring to mind another scene that I would like to leave with you, one which is linked with another martyred president—Abraham Lincoln. It was my privilege to know Mr. Lincoln, my father's intimate friend. I have had his arm about me, his hand on my head; I have looked into those wonderful eyes, windows of a wonderful soul. His tragic death was my first great sorrow; and so, every feature of that memorable night when I looked for the last time on his face, is stamped for all time on memory. It was in the early afternoon that my father called me to go with him to Independence Square, to take place in the long line waiting to pay a last tribute to Mr. Lincoln, whose body rested in the room where the Declaration of Independence was signed, in the heart of our great Independence Hall. It was in spring, the time of blowing flowers and mating birds, the time when the love of life is insistent, when the sap is running and the blood is rushing, and the touch of the air is a caress. It was on this beautiful April afternoon that I started on that journey which was to last for nearly ten hours, although only covering the short distance separating the southeast corner of Independence Square from that little bed in the heart of the great Cradle of the Republic. We took our places at the end of the long line; the night wore on; traffic in the streets slowly fell to silence. About nine o'clock some colored folks from over in New Jersey sang softly one of the plantation songs that wring the heart. An hour later some returned prisoners from Andersonville and Libby who were in line chanted softly one of those songs that had kept their hearts brave during terrible hours. The night wore on. The line melted slowly into the door of Independence Hall. So the hours passed and at last day broke, and just as the new day was breaking I entered Independence Hall turned sharply to the right, stood for a moment looking down on the face of the great President—the face which seemed already to hold the light of the Eternal Morning, looked on those lips stilled now, those lips that had spoken words that broke the shackles for four million slaves, then passed out into Chestnut street, where the light and life of a new day were proving that life was real, a thing for action not for dreams. The first real prayer that I had ever uttered came hot from my heart to my lips; and that prayer was that some day, somewhere, I might find the key to the heart of some citizen of this republic; might say that which would bring a realization of the dignity of life and the high honor of citizenship in this great republic; that, so quickened, that individual might resolve to make every commonplace act of every commonplace day a living answer to Lincoln's great prayer, that government of the people, and by the people, and for the people should not perish from the earth.

Many times I have spoken of that old incident and of that early prayer. Some day He who holds the key to every heart will answer that prayer. Perhaps He has done so to-night, and that out from this meeting here on the shore of the mighty sea there may go forth a new impulse toward a higher type of patriotism, that here may be born in some soul a new realization of the splendor in that thing we call life.—that life which your great profession is battling so manfully to lengthen, to strengthen and to bless.

ADDENDA.

COUNTY REPORTERS YEARLY REPORTS.

To Dr. A. A. Strasser, Chairman of the Committee on Scientific Work.

Atlantic County.

Dear Doctor:

I am pleased to be able to report for the Atlantic County Medical Society a very busy

year and one of the most prosperous and beneficial in its history.

Eight meetings were held during the year and the scientific programs presented were interesting and instructive in every instance. The average number of members attending the meetings was large and we were fortunate in being permitted to entertain an unusual number of visitors during the year.

In September the Hotel Men's Association of Atlantic City entertained from a Friday until the following Monday the Pennsylvania State Medical Society and our County Medical Society extended to them a greeting in the form of an informal reception on the Steel Pier.

Our Library Committee has added during the year 145 new volumes to the Medical Department of our Public Library. This makes a total of over 1,000 works of up-to-date medical literature besides all the important American and a few foreign medical journals.

Our Society at the present time is more than busy getting ready for the A. M. A. Convention which convenes in our city, June 22-26. Dr. Wm. Edgar Darnall is chairman of the local committee and with a dozen or more sub-committees of arrangement, is endeavoring to get everything ready for our National Association.

We have not had to deal with a serious epidemic of any kind during the year. A few scattered cases of scarlet fever, diphtheria and measles have occured but the percentage of contagious disases in Atlantic County is comparatively low.

Our membership has been increased by the addition of eight new members: Drs. Clark, Clements, Williams, Scanlan, Lamborn, Crowell, Shivers and Frisch.

I am sorry indeed to report the loss of one member by death, Dr. J. F. De Silver.

Respectfully submitted,
Byron G. Davis, Reporter.

Bergen County.

Dear Doctor:

I beg to report a prosperous year for the Bergen County Medical Society.

We have held ten meetings including the annual meeting in October. The meetings have been well attended and great credit is due our Scientific Committee, Dr. Armstrong, chairman, for providing interesting programs.

Six new members have been elected during the year and several applications are being held until applicants qualify. We have 68 members in good standing and two on the delinquent list.

We have lost one member by death. Dr. Carrie H. Van Horn died February 3rd, 1914, at her home in Englewood.

Yours truly,
F. S. Hallett, Reporter.

Burlington County.

During the past year the Society has held its regular guarterly meetings in different sections of the county.

On October, 1913, the Society was entertained at the Vineland Training School.

One of the meetings was devoted to tuberculosis in charge of Dr. M. B. Newcombe. At this meeting Drs. H. M. K. Landis and A. P. Francine of Philadelphia discussed the disease very ably.

At the April, 1914 meeting Dr. Judson Deland of Philadelphia addressed the Society.

During the year Dr. Wallace, of Bordentown, removed to Washington, D. C., and resigned from the Society.

Five new members have joined the Society during the year. There have been no deaths and at present the Society has the largest enrollment it has ever had.

Members of the Society along the river front in Riverside, Burlington and Florence have very ably combated an epidemic of scarlet fever.

It has been generally concluded that during the past winter more pneumonia has prevailed than for some years.

The Socoiety is in a flourishing condition.

D. F. Remer, Reporter.

Cape May County.

Dear Doctor:

I herewith submit the annual report of the Cape May County Medical Society.

Our Constitution and By-laws have been amended changing the annual meeting from April to October.

A meetig of unusual interest was held in October to which the public was invited. A symposium on "Mosquitoes" being given and new interest awakened on the subject which we trust will bear fruit in the future.

The April meeting was also of unusual interest and well attended. Dr. James Hunter, State Councilor, gave an address on Diseases of Children, which should be heard by every Society in the State.

Dr. Duncan Blake, was given a transfer card to unite with the Camden County Medical Society.

Very truly yours,
Eugene Way, Reporter.

Cumberland County.

My dear Doctor:

The past year for the Cumberland County Medical Society has been a very successful one so far as interesting programs for the meetings and the scientific features were concerned. The change in the fiscal year has been adjusted. Several doctors were dropped from the rolls of the Society for non-payment of dues. The Society carried them for years. This is a problem that needs serious consideration. Men are willing to benefit from the investigations and efforts of their fellows without sharing the responsibility.

The loss by death of Dr. Joseph Tomlinson continues to be felt after the lapse of a year. The State and County Institutions have furnished valuable material for meetings and Dr. Smith of the Insane Hospital and Dr. Hallowell of the Feeble-minded Home for Women and Dr. Paterson of the Children's Home have rendered most valuable help in making the meetings interesting.

The newspapers lend us their best efforts to secure publicity to our meetings.

The simultaneous meeting of sister county societies prevent the attendance of delegates to many of them.

We have no deaths to report.

Yours very truly,
E. S. Corson.

Essex County.

Dear Doctor:

The Essex County Medical Society has the pleasure of reporting to the State Society a year of activity in the medical organizations which has been very profitable, first in the valuable matter which has been brought out in papers presented by both our own members and by visiting speakers, and, second, in the wider interest which has been scattered in the profession in the better elements of practice, the scientific and ethical. There remains much to be done to weed out the merely commercial and keep the medical profession on the high ground of lofty aims and unselfish achievement which it makes boast, but without doubt progress has been steadily made. The latest move toward prosecuting the illegal practitioners has just culmnated in the County Society's action appropriating $100 for the services of the New Jersey Society for Suppression of Vice and Imposture; this with a small fee additional for each case managed by them will provide for the procuring of evidence and prosecuting of the case in the courts. This problem of the County Society in relation to the quacks and other illegal practitioners thus comes nearer to a solution than ever before, if expected efficiency results from this arrangement. The propaganda for instructing the laity in prevention against cancer has taken the form here of a paper prepared by members of the council to be published in the daily papers and which has been approved by the council and adopted by the County Society. The year has shown in membership a healthy maintenance of, now, 385 names in good standing, besides 15 delinquents. Seven are new. Four have died; Drs. R. G. P. Dieffenbach, George O. Welshman, W. S. Wilson and R. Braun. One resigned. The total receipts to date have been $1,217.52. Expenditures, $1,273.85, leaving a balance of $250.15. The annual meeting does not come till October the change from April having gone into effect, this to facilitate the coincident fiscal terms of the State and County Societies' years, all ending with December. There have been five meetings, the annual meeting in October (the preceeding one in April having provided for all officers holding over) and four others at which the visiting speakers on scientific subjects were Dr. Bloodgood, Dr. Woglom, Dr. Gilman Thompson and Dr. Meltzer. The Committee on Public Health Education has done a good year's work in promulgating medical lectures before lay organizations of all kinds; visiting speakers of eminence have come to help; members of the committee have delivered lectures and informal talks; others have given their services and still others have offered for the future. Organizations co-operating have included a variety from the contemporary of 1,200 women, or, labor meetings of 300, to small classes of factory and store girls in First aid to the Sick and Injured. We can speak encouragingly of the plan followed as serving to build up in the communities a confidence in our profession by laymen, that we are ready to give them legitimate scientific information and have reason for our opposition to quacks, adverse legislation, etc etc.

The Society for Relief of Widows and Orphans of Medical Men of New Jersey reports for the year 24 new members, total, now, 387, seven having died; $2,400 paid to beneficiaries; an average payment to each member, at death, of about $286. The Permanent Fund is now over $14,000 and out of this has been paid two small sums, $65 for a member's hospital expenses and $16. for another's arrearages, due to illness.

The Essex County Pathological and Anatomical Society has a most excellent report for the year, regular monthly meetings with always a program of interest and instruction, rich in material, specimens and cases, and discussions of noteworthy completeness and accuracy; a membership of 138.

The Academy of Medicine of Northern New Jersey reports a year of progress with 250 members, of whom eight are dentists, total receipts of $2,513.77 and expenditures of $2,094.38, leaving a balance on hand of $1,093.50. Monthly meetings under four section heads have been held, members mainly supplying the programs, but visiting speakers included Drs. Cotton, J. F. Erdman, L. F. Bishop, Crile, Le Grand Kerr, Schultze, E. S. Thomson, Crozer Griffith, Le Fevre, Skillern, Albee, Cullen, Harris.

The Medical Library Association has pursued thoroughly its plan of building a useful medical library and having it so administered as to serve efficiently earnest seekers in the literature. The year has shown the greatest increase in membership, now 154, and a gratifying addition to the collection of books and journals, by purchase or gift.

The social societies have pursued their individual ways, two of them holding meetings open to all and having speakers from other places.

A useful publication was a Medical Library number of The Newarker, a monthly pamphlet of civic exploitations, which was a compendium of original articles, list of medical societies, catalogue of books and journals and similar medical information.

The hospitals have taken on a new impulse toward long-needed improvements and enlarged facilities, several having made additions to buildings and laboratory equipment, one being an entirely new organization (now two years old) and another, private hospital, having built an entire new building. The City Hospital has shared in this and added largely to its plant. There is one institution which has especially needed it and is yet suffering for lack of even the necessary buildings for its specific work, the County Isolation Hospital, which cannot even admit mixed infections, and, in spite of public demand for the facilities known to be needed and plans of the Medical Board for building, the Board of Freeholders still fail to move.

Frank W. Pinneo, Reporter.

Gloucester County.

Gentlemen:

I hand you herewith synopsis of proceedings of the Gloucester County Medical Society for the year just closing.

The Gloucester County component Society has held its usual four (4) scientific and one (1) social session during the year.

The November meeting was held at the home for Feeble-minded Women at Vineland, where after a tour of inspection, Dr. Hallowell gave a very interesting clinic and lec-

ture describing the need and aims of the institution.

The most notable papers read before the Society during the year were by Prof. Thos. McCrae, on pneumonia; Dr. Pfeiffer The Early Diagnosis of Carcinoma and Dr. Flick Tuberculosis.

We have received three (3) new members during the year and lost one (1) by death, Dr. George C. Laws, of Paulsboro, September 5, 1913.

There have been no severe epidemics in the county. Measles, varieilla, la grippe and whooping cough have been reported with some few cases of scarlet fever and diphtheria. Our meetings have been well attended and interesting and we feel that it has been a prosperous year.

H. A. Wilson, Reporter.

Hudson County.

The past year of the Hudson County Medical Society has been signalized as one of well defined growth and prosperity.

The change of quarters to Odd Fellows Hall —which is centrally located, with telephone connection—has done much to make the members feel that they are within reach if needed, and has undoubtedly helped to promote the increased attendance at all meetings.

A glance at the papers and cases presented during the term will show a vast medical and surgical territory covered, and a wide spread interest in the strictly scientific side of the program; but nevertheless, it will be noticed that divers correlated topics relating to the general public welfare, have been kept in view, such as the benefits of proper lighting; the milk question; the water supply; the prevalence of any infectious diseases; matters before the legislature, having any medical aspect, etc., etc.

Many of the papers have been illustrated and emphasized by the lantern, and we feel that these presentations have represented the most advanced thought in the practice of medicine and surgery.

The ranks have not been particularly thinned by the "Grim Reaper," there being only two deaths—Drs. Sauer and Kirstein.

During the term the membership was increased by the election of ten new members, the present membership of the Society numbering two hundred and twenty-two.

The recent revision of By-Laws embodied such changes as were needed to modernize the concepts, and need not be referred to in detail.

The "Special effort, geographical membership committee" is now at work, and ere long most of the unattached or strayed sheep will be gathered into the fold, and Hudson County will go onward and upward, and continue to hold a high place as one of the State's medical Units.

The progress and interest taken in the Society is largely due to the untiring zeal and efforts of the secretary, Dr. C. H. Finke, who has devoted a great deal of time and thought to the advancement of the Society.

William Freile, M. D., Reporter.

Hunterdon County.

The Hunterdon County Medical Society has held two meetings since the last report.

There was a large attendance of the members at the October meeting and a great deal of interest was manifested in the work of the Society. A paper on "Pneumonia" was read by Dr. Topkins of Califon, which brought forth a lengthy discussion. At this meeting the death of Dr. Wm. H. Schenk was officially reported to the Society.

The annual meeting was held on April 28. There was not quite such a large attendance as at the fall meeting, but the interest of those who did attend seemed to be up to the normal.

Under the report of the Section on Surgery, Dr. Sommer, of Trenton, gave an interesting talk on "The Surgery of Indigestion and Constipation," which was freely discussed.

As the date of our annual meeting does not fit in well with the business of the State Society, it was ordered to hereafter have our annual meeting for the election of officers at the fall session, and the present officers hold over until that time.

Dr. Young, of Ringoes, was elected annual delegate to the State Society, with Dr. Thomas, of Flemington, as alternate.

Four new members have been added to the roll of the Society the past year.

Fraternally,
M. H. Leaver, Reporter.

Monmouth County.

Dear Doctor:

I notice in the Journal, and also have a communication from Dr. Thomas N. Gray, that reporters are requested to have their annual reports in this week. The Monmouth County Society holds only two meetings a year—the annual in December and the mid-year in June. The annual meeting was held on December 13, at Freehold and was reported and printed in the Journal—consequently there is no further report at this time.

Very respectfully,
B. E. Failing, M. D., Reporter.

Morris County.

The regular quarterly meetings of the Morris County Medical Society have been held and reports sent to the Journal of the State Society. During the year papers were read by the ex-president, Dr. G. A. Becker, Dr. Clarence O'Crowley, of Newark, on Genito Urinary Disease and Drs. Guy Brewster, F. H. Glazebrook on Intestinal Stasis and E. Moore Fisher on New Methods of Treatment of Mental and Nervous Disease, of our own Society.

The December meeting was an anniversary one when the fortieth year of reorganization was celebrated and the three members who took part in this made addresses which were very interesting. These were Dr. John G. Ryerson of Boonton, Dr. F. W. Owens of Morristown and Dr. Philander Harris of Paterson. The State Board of Health has been giving a series of exhibitions on tuberculosis and many physicians of the localities have addressed meetings held in connection with the exhibit.

The annual meeting of the County Society and the meeting of the Tri-County Medical Society were held at the N. J. State Hospital at Morris Plains. The former of these was attended by the president and recording secretary of the New Jersey State Medical So-

ciety as well as the editor of the Journal of the State Society.

There has been a good deal of influenza this year and some of these cases have gone on to mastoid complications.

No other epidemics have come to my knowledge.

There is a pulmometer in Morristown that will be sent to any physician on request.

Our membership has grown and we are now entitled to three annual delegates to the meeting of the State Society.

E. Moore Fisher, M. D., Reporter.

Ocean County.

The Ocean County Medical Society held its annual meeting in Lakewood, N. J., on November 13, 1913. The officers elected for the following year were:

President, E. G. Herbener, Lakewood, N. J.; vice-president, F. N. Bunnell, Barnegate, N. J.; secretary, W. G. Schauffler, Lakewood, N. J.; treasurer, I. H. Hance, Lakewood, N.J.; delegate, V. M. Disbrow, Lakewood, N. J., and reporter, R. R. Jones, Toms River, N. J.

The special committee to take up the question of scarlet fever quarantine and disinfection with the State Board of Health and the State Society reported that the State Board of Health refused to be put on record in the matter as they had no clear policy. The State Society has put the matter in the hands of a special committee who are also looking into the codification of the health laws of the State.

The scientific meeting of the Ocean County Medical Society was held in the home of Dr. W. G. Schauffler, Lakewood, with a large and enthusiastic attendance. In the absence of the president and vice-president, Dr. Jones, of Toms River was elected chairman.

About half of the membership is connected, in one way or another, with the Paul Kimball Memorial Hospital. The hospital was opened just one year ago and has already proved too small for the demands made upon it. It has acquired a reputation for thoroughness and successful medical and surgical treatment far in excess of some of its sister institutions in this section of the State. It was named for one of the members of the Ocean County Medical Society and is situated on the main motor road from Atlantic City to New York, about one mile south of Lakewood and nine miles north of Toms River, the county seat. It is needless to say that all the motor and other accidents for miles around are hurried there and are sure of prompt and efficient treatment. After discussion of the many interesting cases reported the meeting adjourned.

Sincerely yours,

R. R. Jones, Reporter.

Salem County.

The Salem County Medical Society has held three meetings during the year—two of which were at Salem and one at Woodstown.

Dr. Judson Daland, of Philadelphia, gave us a very interesting talk on la grippe and pneumonia and Dr. Knowles, of Philadelphia, one on skin diseases.

No epidemics reported.

One member suspended for non-payment of dues and we lost one by death. We have admitted two new members to the Society.

John F. Smith, M. D., Reporter.

Somerset County.

The Somerset County Medical Society has during the last year held its meetings regularly every two months, with a good average attendance at each meeting. Little attempt has been made to obtain outside speakers at these meetings, the mmbers finding that "experience" meetings, with the reports of unusual cases drawn from their several practices have been both profitable and interesting. The great clinics offer many chances for the collection of interesting conditions but the general practitioner meets a great many exceptional cases and their discussion is extremely valuable. At the last meeting in April, Dr. Graff, of Somerville, gave an extremely interesting account of her stay in Vienna, with a description of the various clinics, work done and courses offered in that medical centre. The Society is prospering. One new member has been added this year, Dr. Hegeman of Somerville, while none have been taken from the rolls. Dr. L. Ely, our secretary is now abroad and in England, from which place he is expected to return about July 1st.

J. Hervey Buchanan.

Sussex County.

The past year this Society held its annual meeting in October for the first time at which officers were elected for the ensuing year. The year had been notable for its freedom from epidemics and the generally good health of the profession. The October meeting was held at Sussex, N. J., and very interesting papers were read and discussed. We had a large attendance and a generally good time. Our Spring meeting takes place this year on May 26th., so can not give you any details. We have had no deaths this year in the profession and have added two new members to the Socciety.

Very truly yours,

H. H. VanGaasbeek,

Union County.

Dear Doctor:

I herewith submit the report of Union County Medical Society for the past year.

We have had a very profitable year from a scientific view-point, with meetings fairly well attended.

Among the many interesting papers read were: "The Three Stages of Pulmonary Tuberculosis," by Dr. John Runnels; "Some Observations on the Practice of Obstetrics," by Dr. P. Du Bois Bunting; "Raising the Standard of Medical Education," by Dr. Charles Schlichter; "The X-ray Bismuth Meal in Diagnosis," by Walter Bastedo, of New York City; "Post Anaesthetic Vomiting," with the exhibition of a new ether apparatus, by Dr. Alvin Eaton, Jr.

Due to his removal from this locality Dr. Fred Pierson sent in his resignation which was accepted.

There were two new members elected to our Society, They were: Dr. R. G. Savoye, of Westfield, and Dr. George Banker, of Elizabeth.

Dr. E. W. Hedges was re-elected to the office of censor.

The four annual delegates elected for the State Society were: Drs. Harrison, Lawrence, Eaton and Sell.

I would like to lay stress on the remark-

able reduction in infant mortality from Gastro-intestinal disorders in this community since the Milk Commission of the Society has begun its work.

There was an outbreak of Beri-Beri among the male inmates of the County jail in Elizabeth which was quickly brought under control by a proper change in the diet.

The Elizabeth Medical Library is still in its developmental stage.

Sincerely yours,
Dr. George Knauer, Reporter.

Warren County.

The annual meeting of the Warren County Medical Society was held at the American House, Belvidere, on Tuesday, May 5, 1914. A majority of the members were present besides our councilor, Christopher C. Beling, M. D., of Newark, N. J., who addressed the Society and gave us much encouragement. We also were favored with the presence of James D. Dewitt, M. D., a native of Warren County but now a resident of Easton, Pa., with his daughter who is also a physician. He is now 87 years of age, and still prescribes occasionally. At this meeting the Society elected him a member emeritus and placed him on the honor list. He entertained us with many incidents of his practice of long ago among the hills of Warren County. He has now been in the harness 66 years, and still enjoys good health. The By-Laws of the Society were changed to conform with the rules of the State Society.

Communications from the National Red Cross Society were received and read, and a committee of five appointed by the chair, to be known as the Warren County Medical Society Committee of the Red Cross Society.

The present officers of the Society are, President, Frank S. Gordon, M. D.; vice-prresident, Dr. Wm. Kline; secretary, Dr. Wm. J. Burd; treasurer, Dr. G. W. Cummins; reporter, Dr. J. H. Griffith and delegate to the State Society, Dr. Wm. C. Albertson.

One new member was received and our Society is progressing and healthy at present. There have been no special epidemics in the county during the past year.

Phillipsburg has had more than the usual amount of scarlet fever during the past year, 24 cases have been reported since January 1, 1914, with only three deaths. Measles, whooping cough and chicken-pox have also prevailed but of a sporadic type.

J. H. Griffith, M. D., Reporter.

Food for Thought.

Trust.

Like the bird be thou
That for a moment rests
Upon the topmost bough
He feels the branch to bend,
And yet as sweetly sings,
Knowing that he has wings.
—Victor Hugo.

The only failure a man ought to fear is failure in cleaving to the purpose he sees to be best.—George Eliot.

Faith is a higher faculty than reason.
—Bailey.

Knowlege is proud that he has learned so much;
Wisdom is humble that he knows no more.
—Cooper.

This above all, to thine own self be true;
And it must follow as the night the day,
Thou canst not then be false to any man.
—Shakespeare.

Great works are performed, not by strength, but by perseverance.—Johnson.

I said it in the meadow path,
I say it on the mountain stairs—
The best things any mortal hath
Are those which every mortal shares.
—Lucy Larcom.

God will not ask from what college you are a graduate, what honorary degrees you have, what scientific discoveries you have made, what medals you have won. He will ask if you have tried to make your work, your profession, your world better. He will ask if you have worked with your Brother or against him.—Dr. Rock Sleyster.

Take Pains—It Pays.

If there is one rule above another which I wish to impress on those who are starting out in life, it is this—take pains. Whatever you do, do thoroughly. Whatever you begin, finish. It may not seem worth your while at the moment to be so very painstaking and exact. In after years you will find it was worth your while, that it has paid you by giving you success in life, by giving you the trust and respect of others.—Charles Kingsley.

Stars shine brightest in the darkest night; grapes come not to the proof till they come to the press; spices smell best when bruised; young trees root the faster for shaking; gold looks brighter for scouring; juniper smells sweetest in the fire; the palm tree proves the better for pressing; camomile the more you tread it the more you spread it. Such is the condition of all God's children. They are then most triumphant when most tempted, most glorious when most afflicted.—Bogatzky.

Rest is not quitting the busy career;
Rest is the fitting of self to its sphere;
'Tis loving and serving the Highest and best!
'Tis onward! unswerving, and that is true rest.
—Goethe.

Do you want to make some new resolutions? Consider these: Resolved to live with all my might while I do live; resolved never to lose one moment of time, but improve it in the most profitable way I possibly can; resolved never do anything which I despise or think meanly of in another; resolved never to do anything out of revenge; resolved never to do anything which I should be afraid to do if it were the last hour of my life.
—Jonathan Edwards.

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SYMPOSIUM ON HOSPITALS.

At the 148th Annual Meeting of the Medical Society of New Jersey, Spring Lake, June 30, 1914.

HOSPITALS AND THEIR SUPERINTENDENTS.

Gordon K. Dickinson, M. D.,
Jersey City, N. J.

This symposium is one which ought to be brought out pretty well and ought to be far reaching. The hospitals we are all connected with differ materially and we have, in spite of all effort, very little system and very little co-operation.

All philanthropic movements begin with a great deal of emotion and end wth a great deal of neglect on the part of those who manage the institutions. Then somebody is hired to carry the movement along that was instituted by a body of men or generally women, with the result that that hired person begins to feel that he is a sort of divinity, that he owns the institution and these men gradually accumulate around them power and influence and dignity so that those who are in charge of the institution, not being able to comprehend matters, do not just know whether the thing is going right or wrong.

To my mind the head of all hospitals is the patient in the bed. The person in the bed is the person the hospital is built for; the person in bed is the person the money is raised for; the person in the bed is the person that everything should center on. The next under the patient is the attending physician and surgeon. They are both a grade above anybody else; educated, refined people of influence are the ones who are going to influence the institution for good or for bad. Under them comes the superintendent, a most important person, a person whose authority should be upheld but a person who should be of the temperament to suit the governing body.

No superintendent can comprehend the tremendously broad, big work which is before him. Superintendents must know the best kind of oats for the horse; they must know the best kind of shoeing for a horse and they must know the laundry work; they must know the laboratory work; they must know the doctors; they must be able to comprehend a medical man and medical folk and their method of work, and they must be to a great extent psychologists, to comprehend the mind of the patient and the physician.

There is not a man or woman living who can be a true, broad superintendent. The person who takes that position is going to be either an economist with operations or an emotionalist with variations. Or else he is going to be strict for rules and regulations. No superintendent can gather in and control and comprehend all the various ramifications of his work. He needs to have councilors and those councilors must be kindly; they must be interested; they must know their work; they must be able to give and they must be able to take. A training school should never be directly under the control of the superintendent. There should be an efficient, up-to-date, wide awake, thoughtful supervisor, or superintendent, whichever way you want to put it, and the superintendent should be only over them tentatively. There should be expression of individuality.

The main things which make for efficiency in a superintendent are: individuality and personality. If they be excellent; if they be such as to be magnetic and attractive; if his knowledge of the business side of the institution be sufficient; if he

can adapt himself to conditions as they arise, then you will have success, but we must have efficiency; we must have personality; we must have individuality and we must have co-operation, and, having co-operation from above, then you can have good authoritative work down below.

THE HOSPITAL AND THE PHYSICIAN.*

By EDWARD J. ILL, M. D.,
Newark, N. J.

The subject assigned to me for discussion is one which is vital both to the Hospital and the Physician. There are rights and duties of each. The climax of every consideration however, is the welfare of the patient, a consideration rarely overlooked by the physician, but commonly by the trustees of the hospital. In other words the hospital service must not suffer from any cause whatever.

This rule has been laid down to my assistants for many years. Our private interests, our comforts and our social engagements must always be secondary to our hospital duties. If we feel that we cannot do this we had better resign.

The hospital should not be the stepping stone to private gains.

The hospital is primarly established for the benefit of the patient. It must, however, be to us a source of easy access to experience, and careful observation of disease, thus extending the limit of our knowledge and by our social intercourse with the other attending physicians a source of education. The younger man learns of the experience and the conversative tendencies of the older, while the older learns from the younger of the newer achievements of scientific medicine and the laboratory, that which, because of his busy practical work, he is barred from acquiring otherwise.

Officially we are responsible for our hospital work to the trustees. It would be better for ourselves and for our work if the responsibility rested more on our consciences. The former makes too much of the shop and laborer, who simply puts in his time with no thought as to what is accomplished.

The hospital is placed in the best position, which has one or more conscientious men on the attending staff.

They are an inspiration to the new comers and they raise the standard of efficiency. The most baneful element on a hospital staff is the commercial doctor, who for eve has the dollar in mind. He is a leaven fo the bad and the younger man whose charac ter is still in the moulding is easily affecte and thus his future life is made barren Fortunately such examples are not frequent Where they do occur, they are soon weeded out. Let us never forget that our profession is a charitable one first. It is a truth that commercialism will follow a doctor into his family and that he soon looses the respect there where he should cherish it most highly.

In all hospitals, physicians should stand by each other in maintaining their rights and wherever an abuse has crept in they should call a determined halt.

The discharge of any member of the staff, except for a cause deemed sufficient by his fellow workers, should never be tolerated. There is a tendency among the trustees to favor those who bring in most paying patients.

This must be resented with all our moral power, for the honest worker whose clientele is among the poor has our respect as much as has he whose personality favors him in being employed by the rich. Trustees should have the unanimous censure of the staff for such action. All the rules of the hospital should be made with the sole object of the comfort, safety and best results to the patient. All other considerations must be secondary. The rights however which have been granted the physician should ever be guarded jealously. Among our rights next to gaining experience, should be that no patient of affluent circumstances should be received into a room or ward designated for the poor, and every such affluent patient shall be obliged to recompense, in a pecuniary way, the attending physician for his work. This should be considered a just and righteous recompense.

The affluent should never occupy the bed of the poor nor take the physician's time when it belongs to such.

There are several reasons for such misuse.

First. The leniency, comfort and carlessness of the hospital attendant himself.

Second. The attempt of the family physician to ingratiate himself with the patient by recommending him to a public ward. This peculiar habit acts as a boomerang on the physician, for the patient will soon consider his physician's work less valuable than heretofore.

Third. The attempts of the hospital

authorities is to get persons, who have been friends of the institution, free medical care.

Then we have a condition common in public municipal institutions where politicians or their friends seek, demand and receive free medical service, to which they are not entitled. This is one of the grave faults in our grafting municipal governments.

Lastly we have to deal with those who make it a point to deceive us. They deceive the hospital, the hospital attendant and their family physician alike. It seems a duty of the hospital authorities to ferret out such individuals and thus prevent pauperizing the people. All affluent patients owe us a proper and just compensation.

Beware of allowing this to degenerate into an extortion. Now and then we hear of patients being urged to surgical or other treatments by threat or false representations for the sake of filthy lucre. On the other hand a patient who refuses our help after he has been acquainted with the facts, should be discharged from the hospital for his own good and that of the discipline of the hospital.

A further duty of the hospital attendant is to give his hospital patients such instructions as will incidently benefit him in his home life. Much is being done in this line by the Social Hospital Service.

Thus far we have considered the rights of the attending physician only. What shall be the rights of him who is not on the staff of the hospital? If there are such who would like to study up cases and thus gain experience, they should be welcomed, whether they have seen such a particular case outside or not, and should be given all possible chances for study. The internes and nurses should treat the visitor with that respect, which we all deserve and would ask for under like circumstances. Such stulies should be made with the consent of the attendant. The visitor should however most carefully refrain from any criticism of the attendant, nurses or records, in the presence of the patient or his friends. Any discussion should be in the presence of the attendant, away from the patient. Criticism of the conduct of the case in the presence of the patient must be considered as an ungentlemanly act and the doctor should be barred from further visitations.

Unfortunately doctors who would take the chance for such studies are few. For years I have invited them to my service with little result.

All hospitals that are open to every practitioner, who may want to send patients, have two serious objections as I see it: first, the death rate of such hospitals is higher than the exclusive institutions; second, the commercial tendencies of both the trustees and the staff are enhanced by such open institutions.

Thus far we have spoken only of the rights and responsibilities of the physicians. Let us consider the rights of the hospital. I am talking of the public or semi-public institution only. The private hospital is an entirely different concern and deserves consideration by itself.

By the hospital we mean the directors or trustees. They furnish the means through which the work can be accomplished and thus have a right to know that those means are used in an economical way and that the patient will get a commensurate benefit from the sums expended.

The trustees have a right to expect honest and painstaking co-operation on the part of the staff in this regard.

Physicians are prone to lavishness and useless expenditure of money. It should ever be our endeavor to curb this tendency. The absolute needs are expensive enough.

The staff should carefully avoid infringing on the prerogatives of the trustees, but whenever it becomes necessary to make a request or a remonstrance, it should be done in a most respectful manner, always remembering that our appointments come from the trustees, who are thus made our superiors and whose work should ever be as disinterested as that of the staff. They are responsible to the general public for the conduct of the hospital.

It will be a duty however, even if it is a painful duty, to present to the trustees such shortcoming on their part as is derogatory to the best interest of the patients and the reputation of the institution.

Such presentations should always be put in writing and a record of it filed in the minutes of the staff for the staff's own protection and as a witness to its efforts and good will.

Lastly the responsibility of the hospital authorities and the staff in any legal proceeding for damages should be clearly defined. The staff has no voice ordinarily in the appointment of nurses or orderlies and thus should not be held responsible for the shortcomings of such nurses or other attendants, when complaints come from the charitable class of patients.

When, however, such complaints come

from the private class of patients, the individual member of the staff should be held responsible, since he has agreed for a just and sufficient recompense, to take care of his patient and agreed to furnish an assistant, a room and a proper nurse. At least he must have expressed his approbation of the room and nurse offered. I know of no hospital that has agreed to such rule and I am only suggesting it as a wise and fair procedure and one which we are contemplating the introduction of at the present time.

THE EFFICIENCY OF HOSPITAL SERVICE.

EMERY MARVEL, M. D., F. A. C. S.,
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The existence of a hospital is for a definite object, the fundamental purpose of which is the care of the sick and injured. The purpose aims to prolong life; mitigate suffering; cure disease; prevent subsequent affliction; and conserve for the State, as well as for the individual, the earning capacity of the patient. In proportion to the successful obtaining of these objects, with the minimum expenditure of the hospital's resources is the nearness gained to efficiency of service. Should, in the given case, the life of the afflicted be jeopardized; or the duration of the affliction be unduly prolonged; or through stint of financial expenditure incompetent service be provided, such condition would not only be short of efficiency, but would border on criminal negligence. On the other hand, however, should the same case be given more service than is helpful, and by this service occasion excessive expenditures beyond the requisites of the case, there would be exercised no less inefficiency than would be manifest in the former condition. In the former case the afflicted would not have received all that might have benefited, while in the latter he would have been burdened with excess which would be to his detriment and, in addition to this added objection to the patient, there would have been a waste of energy and money from the hospital's resources. If the afflicted would have failed to obtain the best care in the first instance, he likewise would have failed in the latter. And here it is well to understand that excess of service and attention is not additional safeguard for the afflicted, but most-times becomes in itself a detriment to the best interest of the patient. Efficiency of hospital service therefore lies between too scanty provisions with deficient service, and an excess of service with extravagant expenditure. It is economy in its fullest sense—saving life, health, labor, money in present and contingent associations.

A few years ago it was my privilege to visit and inspect the then most famed hospital of the nation. It had been but recently constructed anew from elaborate plans of a noted architect at a cost of $3,300,000. Its fame was heralded as being perfection, or as near perfection as seemed attainable in arrangement, construction and plans of management. Certainly it had experienced the greatest relative money expenditure. The equipment having averaged an expenditure of over $11,000 for each patient capacity. In the surgical clinic I observed a service that was most comprehensive and seemed the pride of the institution. The operating amphitheatre represented in construction a cost of one-half million dollars. Besides the surgeon, two assistants, four resident doctors, four nurses, the chief nurse, the anesthetist and two orderlies were engaged. Of this number eight were prepared with sterile gowns and rubber gloves. Most of the afternoon was occupied in the preparation and surgical application given to three patients. The supplies of the hospital were extraordinary and quite as lavishly provided as was the operating equipment. The cost expended in maintaining the service of the human factor was enormous and when in addition to this the supplies and proportionate expenses for the carrying equipment is estimated the cost was stupendous. A rough calculation of the expenditure involved would place the cost to the hospital for each patient operated upon that day in excess of two hundred dollars. The other part of this institution seemed managed consistant with this extravagance.

The following week I vistied a hospital that was managed upon a different plan. At the morning clinic ten patients were operated. The surgeon in chief, one assistant, two nurses and the anesthetist comprised those engaged. The amphitheatre was simple but possessed all the requisites. the estimated cost to the hospital for each operation was less than ten dollars, in fact, the fee charge was ten dollars, and from the cases charged this fee the carrying expenditures were met and a new amphitheatre built. These observations clearly illustrate facts from which a lesson may be

drawn. In one, studied liberal provisions that spelled extravagance and wastefulness; in the other, essentials were studied resulting in effectual service, economy and efficiency. In one muliplicity of agents complicated actions; in the other simplicity gained effectiveness. The relative effect upon the patient can well be inquired after. The respective records of the institutions exhibited uncontrovertible evidence in favor of the institution with simple management, which evidence is manifest in the shorter time of recovery; fewer complications during convalescence and lower mortality.

Hospitals, as such, differ in the method best fitted for obtaining efficient service. And in this service let us understand that we are estimating the combined service of caring for the afflicted together with the judicious expenditure of the funds for which the management becomes trustee. It is probable that a State institution caring for chronic conditions, requires a different consideration to that of a town or city hospital intended to care for acute troubles. This discussion is intended to be applicable to the latter and, though some points may be equally pertinent to all institutions, reference to the hospital caring for acute troubles such as are those located in the towns and cities of New Jersey is particularly intended.

The usual management of the hospitals (except those controlled by Church Sisters) is invested in a Board of Managers or Trustees; a resident manager or superintendent and the medical staff. The board of managers are responsible as trustee for the moneys given the hospital, and should see to it that these funds are expended wisely and economically. The body becomes the trustee of the lives, the health and the usefulness of those who enter the institution. It behooves its members to study the best means to utilize the funds entrusted to them in the best manner to gain the most efficient results, not only for those entrusted to the hospital's care, but also those who can be helped by the influence of the institution and its work upon the community. They should be alert to study the methods employed by other institutions than their own, and apply proven methods for local needs when such methods are better and productive of greater good. A consciousness of these responsibilities needs to be awakened in order that greater efficiency may be obtained.

The superintendent of a hospital carries responsibilities greatly in excess of a manager of other institutions. The cashier of a bank, the manager of a store, or the superintentent of a railroad is the adjuster between the income and the out-go of the resources, and needs principally to reconcile the board of directors with the patrons, but the superintendent of a hospital has all that such an officer has to contend with and more. The patrons are sick, and when one is not well the demands are greater and satisfaction is more difficult of obtaining. But, not only is it more difficult to satisfy the different class of patrons of the hospital, the superintendent has in addition the patient's relatives, the contributors to the hospital funds, and many other factors, none of which, however, demand a greater task to satisfy than do the whims of the medical staff. How is it possible for a hospital superintendent to maintain harmony with all these forces? If such does not obtain, he or she becomes the target of displeasure. With the present custom of managing hospitals this office becomes most trying. To expect one to manage the institution and have harmony with all these allied bodies and with the different members of the rotary medical staff is asking almost the impossible. Yet certain principles can govern this office. Here as elsewhere the first consideration must be given the patient and this consideration includes those possessing the patients' direct interest. It needs consider the distress of a wife whose husband is desperately ill; the mother whose son has sustained an accident; the brother whose sister is under care, or any member of the family of whom one has experienced an operation or has had need for hospital treatment. These people are distressed and deserve sympathy, not discipline; a kind word, not a command; a treatment that we would wish for ourselves and expect, were we the distressed instead of those under like circumstances. Such a frame of mind as possessed by these people is sensitive and equally susceptible to become sympathetic or hostile. To meet this there needs be an atmosphere of sympathy and solicitation. This atmosphere is a resource of inestimable value and lies within the power of the superintendent to make and maintain. It is essential that a close and effectual watch be observed on all departments to prevent laxity and waste. That the patient's care and detailed comforts be watched and that those in charge be brought to a proper realization of their duty, is no less the superintendent's duty

than the observance and insistance upon proper supplies at market value. The checking of waste and the enforced cleanliness must obtain. The esthetic consideration for the wards and rooms is no less to be desired than that of the superintendent's office. A coronation at the bed of a poor patient oftimes serves a greater number, and the purpose better than a rose on the office desk. The serving of the food trays to patients is an art the value of which is not sufficiently appreciated in many institutions, and deserves better consideration from all. Boldly adhering to these principles which insure the essentials of operating the hospital for the good of the patient and by close watchfulness on all departments, maintaining cleanliness, securing economic purchases, and with waste checking, embodies efficient service upon the part of the superintendent.

MEDICAL STAFF.

The medical staff comprises licensed physicians elected by the board of governors and officially recognized in their respective positions. The custom prevailing is to have a number with equal rank and authority, each to serve a definite period. If the staff department be divided into four units, there is a rotation in which one follows the other for three months. While serving his period he is in chief control and directs the care of all hospital or free patients. His method is practiced from the day he begins until the day his period finishes, when the patients having been cared for by him and remaining are transferred to his successor, who introduces a different and often an entirely new system. The nurses, the diet, the dressings, operating-room custom, the care in general, and the resident staff need all be readjusted to fit the new requirements. The routine is again changed in three months. Each chief being in authority for his respective time. The lost energy, the waste time, the disturbance of discipline occasioned by these periodic interruptions is obvious. Imagine, if you can, a bank doing business in this fashion. Suppose each teller, or other department officer, were changing every three months, what would be the result of the bank's business? Suggest such a condition to a bank director and you will be impressed in no uncertain manner that such a plan is impracticable and incompetent. And yet is not the service of the hospital in caring for the human lives of a community as important as the service of that institution which adjusts the dollars and cents commodity?

It is obvious that in interrupted service when different agents serve separate periods, the portion of responsibility born by each agent to the accounting of the whole, not only fails to offer sufficient opportunity to those possessing ideals and ability to raise the standard of service, but unfortunately their better work serves to shield the doings of irresponsible officers. Shortcomings and errors are more difficult to investigate and determine and when determined their correction or elimination is much handicapped. One member possesses ideals and ability to promote the interest of the hospital. He exercises his ability for three months, much of which time his service and the service of the hospital is employed in readjusting defects he inherited from his predecessor. By the time they get things going smoothly his time expires. He may have stimulated enthusiasm in the house staff and the nurses and secured a spirit of co-operation, but this is lost probably as soon as he leaves the service, as his method gives way to another successor. His views upon matters have not gained the sympathy of his colleague, and due sometimes more to enmity than to the lack of virtue of the ideal, his successor ridicules or depreciates their longer existence. The hospital fails to profit by his energy and reverts to laxity and indifference. Four men given equal responsibility and authority, whose actions are operative by the force of opinion, may work harmoniously but seldom or never do. Service to be divided incurs additional labor; unnecessary multiplicity of appliances and supplies; complication in routine; and in all a composite increase in cost of maintenance with no reconciling betterment.

It is interesting to compare the relative cost of maintenance in hospitals conducted by rotary staff—multiple members of service—with those hospitals conducted by continous service with a chief of each department. The Pennsylvania Public Charities' report gives the cost *per capita per diem* of the different hospitals caring for patients in that State. The average cost of those having a rotating staff is 35 per cent. greater than is the average cost of those conducted by continous service with chief of departments. In round figures the average daily cost of the former is $2.10, the latter $1.50. This system of rotation of officers with periodic change in responsibility and authority, is impracticable, a failure in obtaining best results, obsolete in

adaptation and a hindrance to progress and efficiency.

If, as this criticism endeavors to show, a rotary staff is not the most efficient operating system for the medical (surgical) staff, can a better one be suggested? I think so, and that system is to have the staff working under departmental heads. Efficiency demands for its agent centralization of responsibility and authority. It is inconsistant to hold one responsible for that which he has not the authority to control, but it is quite possible, fair and desirous to hold him who has authority responsible for the product emanating from his authority. To attempt to hold one unit responsible for the composite work of four units is unfair, if it were possible. One surgeon, or one medical man in a composition formed by four, each of whom possesses equal rank and authority, cannot be held responsible or partly responsible for the work of the other members. So his interest in the seventy-five per cent. portion of service is neglected since responsibility begets or, at least, enhances interest. The practical fact is, should one surgeon endeavor to conscientiously serve the hospital's interest for his term, his term being so short, the results are lost Suppose four surgeons equally qualified in ability, interest and conscientiousness were working with periods and interruptions, even then they would fail to obtain the full fruition of their efforts; because the loss of time to them and the disarrangement of house staff in readjusting would be material. Does even this favorable association ever prevail? I think not. The assertion is ventured that over half of the members serving on the rotary staff have not familiarized themselves with the cost of the commodities which they have the authority and take the liberty to prescribe. This is too manifest to allow of contradiction. How little do these people think of serving the convenience of the hospital as compared to their own convenience. Hardly would it occur to them that by keeping the operating-room service waiting a half hour they have not only taken from the hospital the composite cost of service of all those waiting, but they have also contributed largely to the demoralization of the necessary discipline of the house.

It has been argued that a large staff serves to contribute greater to the support of the hospital by bringing more pay patients and interesting a greater number of money givers. Observations and facts do not support this theoretical contention, but prove the contrary to be true. The contention is also often made that although a staff working with departmental heads is more efficient than a large rotary staff, it would not be just to the doctors of the community because fewer doctors would be recognized. If this contention were sound I would refer to the purpose of a hospital and state that its existence is not for the doctors' convenience but for the afflicted patients. But how can these contentions be sound? The fact is the staff fashioned by a departmental head has many more doctors working than the rotary staff of four chiefs in a department. Assuming that interest is equal in each member whichever way working, and then numerically the departmental head system will be better. I contend, and theory and practice support the contention, that greater interest, expressed in loyalty and service to the institution is manifest by members of the staff with one chief of department than with rotary service. A rotary staff with four physicians, four surgeons, two gynecologists and two specialists make a composite staff of twelve. A staff fashioned with one chief of department would be something like this: chief physician, two associates, and four assistants; chief surgeon, two associates, four assistants, chief gynecologist, two associates, two (or four) associates, one chief of each of two specialists with one associate, a total of twenty-five compared with the twelve in rotary service. Does this not deny the opposing contention? The departmental head system provides for and obtains team work, and that counts much. But what of the comparative service of the respective members. None deny but that the position of the chief would be much preferable in the newer plan. He commands more, has greater pride in his work, and by this stimulation and the support and help of his subordinates prepares for and does improved work. The associates are fitting themselves with a broader observation, greater amount of efficiency and increased opportunity for preparation and action in which they become responsible. The assistants are composed of the younger men of the community who have time, initiative and enthusiasm. By this plan they will be given an opportunity for development which the old plan failed to give and their services will be utilized in the team work. In this every man, if the man is worth while, grows in interest and value, and the hospital and the community profit by his better experience

and accomplishments to serve those the hospital exists to serve.

The work of a hospital is not limited to the care of the patients while in the hospital. Such service is urgently required and needs to be given, but opportunity offers even greater service in the education of the patient for his subsequent care and by making of him a missionary to enlighten those he comes in contact with upon the means of protection against sickness and accidents. The follow-up work, the finishing-the-job, as Cabot aptly calls it, is a work well worth while. The hospital should fortify itself with the end results of those who have been under care and, being justified with this information, should be able to sift those conditions for which the previous care had been useless and adopt only the useful means for subsequent occasions. We must realize that the large percentage of troubles treated in the hospital could have been prevented were care given early to the afflicted sufferer or to the one who conveyed the distress. The evasion of the treatment of gonorrhea and syphilis by the hospitals is a fallacy to be considered. Wherein is good service in the hospital deciding not to treat a gonorrhea which can be cured when, if not cured it is capable of placing a ward full of dependants upon the hospital whose troubles are manifested in the end results of the operation of the single case? The enlightment of the people of the hospital community upon the significance of preventable diseases, and how to protect against them, is a mission of the hospital To enlighten the hospital patrons and their acquaintances as to the better care of their affliction and the prevention from subsequent affliction would be a valuable service to the people. In such instructions the hospital will prove its own benefactor by preventing many other patients from the need of the wards' service.

THE HOSPITAL AND ITS NURSES.

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In the development of the modern hospital, no one factor has played a more prominent part than the trained nurse. As a result of the tremendous progress of medical science, and the technical knowledge required to assist in carrying on its work, this particular department of the institution, the Training School, is to-day demanding women of high calibre and good preliminary training to meet the ever increasing demands of higher standards, in every branch of hospital work.

In the past it was aimed to fit the applicant in training for private nursing. To-day her field of usefulness is far greater and she has opening up before her many other avenues of usefulness to the community at large. Each year sees her entering and rendering intelligent co-operation in many phases of social and philanthropic work, and without her aid much of the advance made in School Hygiene, the control and prevention of tuberculosis and general social service work could not be accomplished. Certainly, so far as our hospitals are concerned their usefulness is dependent, to a great extent, on their nursing departments.

With these new fields open to the nurse it manifestly, becomes the duty of those in charge of her training to so adjust the course of instruction that the student may be equipped to enter any of the branches of work open to her. The first requisite being that she should be in a position, at graduation, to meet the requirements of the various State boards in order that she may receive her degree of Registered Nurse—without which she cannot qualify for many of these positions. She should possess a working knowledge, at least, of social service, operating room work, and general institution duties as pertaining to her department, or be in a position, with an expenditure of a limited amount of post-graduate work, to enter any of these fields.

In order that the nurses of an institution shall receive such training as will suitably fit them for their duties, the hospital must have competent and well trained officers at the head of its Training School; women of high ideals, able to properly supervise and direct the physical as well as the mental and moral training of those entrusted to their care; women well balanced and able to view the many perplexing problems constantly arising in institutional work, not only from the nursing viewpoint, but from that of the various hospital departments.

The standard of the Training School must to a very great extent depend upon the character of the women heading such a school. The standard they maintain; their loyality to the medical profession; their enthusiasm in their professional work and their conscientious devotion to the best interests of the patients entrusted to them, can but be imparted to those in training. Those members of the management of a

hospital who are entrusted with the direction of the Training School Department should be thoroughly in touch with the various departments of the hospital, and able to meet the many questions presented to them from the viewpoint of the best interests of the institution at large. It is needless to state that the greater amount of our work, particularly in surgery, could not be successfully accomplished were it not for the intelligent co-operation and assistance of the properly trained nurse; and yet how seldom do we, as physicians or directors, consider the important part the nurse plays in our hospital, or how best we may assist in her development and training.

It is not my purpose to discuss the general education of the nurse as it is too broad a subject for the time alloted me. As to whether the tendency is to give too much attention to purely theoretical class work, I am unprepared to say. Of one thing I am certain, too much attention cannot be given to actual bedside and practical instruction. The advance in nursing has been so very rapid that re-adjustment in the training course is inevitable.

The first duty a hospital owes to the young woman entering its Training School is the proper care and the intelligent supervision of her physical well-being. Granted that an applicant's physical condition is normal upon entrance, there is no rational reason why a woman should break down in health during her training. If she does, it is a gross reflection upon the Training School and Institution. It should be remembered the nurse enters the hospital with the expectation of preparing herself for her life's work—as does a woman, entering the teaching profession, or a student entering the medical school—and is entitled to feel that she will leave the institution in as good or better health than when she entered.

I believe the time is near when a preliminary course may be selected in many of our schools leading to the nursing course. There would seem to be no reason why many of the subjects taken up during the first year of training should not be covered in the high school course, such for instance, as hygiene, dietetics, physiology, and domestic economy. A fair knowledge of these subjects would undoubtedly be of great assistance to the student in entering the hospital.

With the increase of technical knowledge required, the hospital should see that the nurse is not only properly instructed but that she has sufficient time at her disposal to intelligently pursue the course of study laid out for her, which means that much of the so-called household work of the institution shall be delegated to paid employees so that the nurse's time and energy may be directed to that work which pertains directly to her training.

I am not one who, for one moment, thinks the trained nurse should be above performing even the most menial or laborious duty; if she should be placed in a position where such efforts are called for, and no nurse worthy the name would demur when such demands are made in the interest of her patient. I fail to see, however, wherein the scrubbing of floors or polishing of brass should occupy a student's time when her time may be more advantageously devoted to work which will bring more comfort to the patient and more valuable experience to the nurse.

I have no sympathy with the sentiment that the nurse's labors should be looked upon as a financial asset to the hospital. The training curriculum, both as to its didactic and practical studies must suffer where nurses are allowed to act as a source of revenue to the hospital.

It is remarkable how little attention is paid by hospital managers and nursing directors to the conservation of the nurse's energy. The cry is constantly for more nurses; and yet I am satisfied a little thought on the part of those in charge, particularly the physicians, would render the service more efficient without increasing the number of pupil nurses, and enable those on duty to perform their duties more satisfactorily, both to themselves and their charges.

Why should a nurse be called to travel the full length of a ward to give a glass of water to a patient? Would it not be a more logical and a time saving measure to have several receptacles for water in a ward, so that but few steps would be required to the patient's bed? I placed a pedometer for several days upon the nurse serving ward meals, and found she averaged in the ward 2½ miles daily in performing this one duty. This would mean, with the various stops made, at least two hours out of her ten hours of actual work. With proper serving carriage, upon which most of the trays could be placed, I am sure the work could have been done with half the expenditure of time and energy, and probably far more efficiently.

In the construction of many of our hospitals, conveniences for properly taking care of the utensils used in ward work, are conspicuous by their absence; thus many unnecessary steps are required. The bathing facilities are frequently such that they are wholly inadequate for the requirements of the service.

The domestic help employed is usually of an inferior type, owing to the low wage rate, and the nurse scarcely has a maid trained to the point of usefulness when a change is made, necessitating an expenditure of time on the part of the nurse in breaking in new help and inconvenience to the routine service of the ward.

Orderlies are usually men of most mediocre caliber, necessitating constant watchfulness by the nurse to see that male patients are properly attended to. Large sums of money are expended in the various other hospital departments, and the fact is frequently lost sight of that the sick, and anything making for the comfort of the patient, and which will facilitate in the caring for the patient, should receive their first consideration.

Would it not be well to make still further use of the material in our hospitals in the line of training women as nursing maids? It is an impossibility for many families in the community to meet the expenses, incident to a trained nurse, for the care of babies and children. In place of the ordinary maids employed in our obstetrical and children's wards, there are many women in every locality who would be glad of the opportunity of serving a year in such departments; the hospital at the termination of such time of service might grant to such a certificate as child nurse. This would enable the hospital to have women of a higher type as helpers in these departments at, probably, an expenditure of less money than they now pay for inferior maids and would enable deserving women of the proper stamp to obtain remuneration better than is paid to an ordinary maid; would prove a blessing to many families unable to meet the charges of a trained nurse, and in no way would detract from the standing or opportunities of the registered nurse.

There should be a spirit of hearty cooperation between the medical staff and the nursing department, and the nursing officers should be women who will command the confidence and sympathy of the staff.

The hospital ward is no place for the exploitation of medical or surgical fads and foibles; unnecessary orders and directions are to be avoided.

I do not believe it should be a part of the curriculum to have most of the nurses in a ward stand "at attention" about a patient's bed, while the doctors discourse on the various phases of the case in hand. The time of all but one nurse could be better spent in looking after the comfort of other patients. The members of the staff should ever bear in mind, the time that is required in the carrying out of orders and should have a definite knowledge of the number of patients in the ward and hospital at large, and realize that each patient is entitled to, and should receive his or her pro-rata share of attention, at the hands of the nurse. Standing orders covering an individual service and applying to all patients in that service cannot be carried out in a general hospital, without curtailing the attention to other services. It is an easy matter to order the temperature, pulse and respiration in a post operative case every hour for ten hours, but if a nurse conscientiously carries out such an order it means the expenditure of at least four minutes for each observation, and if she had three such cases, would at least mean two hours of her time. Frequently orders are allowed to stand long after they are essential to the welfare of the patient, thus occupying much of the nurse's time unnecessarily.

The physician should assist in instructing his nurses to cultivate their power of observation, so that they may be in a position to render more efficient service, not only to his individual cases, but as a result of such training they will prove more competent in other departments.

"The physician who regards the nurse as a machine for carrying out his orders shows gross ignorance not only of the nursing profession but his own as well. Intelligence properly trained and educated makes the nurse an invaluable aid to the physician."

I believe a very important part of the pupil nurse's training should be in the social service work; at least a month should be alloted to this branch of the training course and should be given preferably during her first year, under the direction of a competent social worker. This would afford the nurse an opportunity to put to practical use the knowledge she has obtained; would teach her self reliance and the ability to work under adverse circumstances. She would then know the character of the homes and the surroundings from

which her ward patients came. It would give her a keener interest in and an intelligent sympathy for them; would bring to her a greater enthusiasm in her work, make her far more valuable to the hospital during the remainder of her training, and would make her far more valuable in private nursing after graduation.

There should be a closer relationship existing between the graduate nurse and her hospital. The treatment of disease changes constantly and innovations are frequently made in every department. After the nurse has been out of touch with institution methods a few years, she should be afforded the opportunity of entering the hospital for a definite period of training, say three months, and at the termination of this period she should be granted a post-graduate certificate, and at all times the regular lecture courses of the Training School should be open to the alumnae of the hospital. This would result in a bond of sympathy between the graduate nurses and the hospital; would greatly increase the efficiency of our nurses, and by keeping them constantly in touch with hospital methods would enable them to render more competent service to the institution as they enter it in the capacity of a special or private nurse.

Dr. Welch has justly said "the plea for scientific and educational uses of the hospital could not be justified if it could be shown that such uses interfered with the welfare of the patient. As a matter of fact it has been demonstrated, based upon experience and sound argument, that the best interests of patients is conserved in hospitals, which likewise recognize fully the needs of medical and nursing education." The best and most famous hospitals are of this character and such institutions serve the community most broadly and fully. The growth of any hospital depends not upon its buildings and endowments, but upon the degree of properly directed and sympathetic help it is able to extend to those applying to its doors for treatment. It is perfectly apparent that the results thus aimed at by a hospital management must to a very great extent depend upon the character of the men and women serving the institution. Each officer and member of the staff should be willing at all times and under all circumstances to devote their services to the hospital to the very best of their ability, and should be able to view all matters relating to the institution from a purely impersonal, unselfish and unprejudiced viewpoint: There should at all times be a uniformity of action and an endeavor to simplify and bring into one harmonious whole the every day workings of the hospital both from the medical, nursing and managenial points of view.

THE FIRST FOUR HOSPITAL PAPERS. DISCUSSION.

Dr. Alexander Marcy, Riverton: With your permission I will start what I wish to say on on the first four. This is a very interesting question and I think one of the most important to the general practitioner that has been presented at this meeting. If you will notice, these papers have all been presented by surgeons, the medical man has not been considered at all. The surgeon considers that the hospital is primarily built for him and that the medical man has no interest in it.

Personally I believe that hospitals were created for the poor and I think they should still be conducted for the benefit of the poor. We have a population in New Jersey of something like 2,400,000 people, and Dr. Marvel says there should be 15,000 beds. How are you going to take care of the people of New Jersey in the hospitals. The surgeon wants to educate himself so that he can go to the patient's home and do a perfect operation. Any man that cannot do that, cannot do the best work in an institution.

Dr. Charles A. Rosenwasser, Newark: There is an important side of the hospital question which has not been touched upon by any of the readers of the papers, and that is the relation of the hospital to the doctor outside, who has no hospital connection, and who is unable to obtain such connection, and who is prevented from taking care of his own patients in a hospital, owing to the "closed door" policy of practically all hospitals. Dr. Ill has said that the first duty of the hospital is to the patient. Of this there is no doubt, but the first duty to the patient is to let her have her own doctor, the doctor who knows all about her and whom she trusts. The closed door policy has crushed the hopes and stifled the ambitions of multitudes of young doctors, who are endowed by natural gifts and amply prepared by excellent training to do great deeds in the world of medicine. The closed door policy is un-American, un-Democratic, short-sighted and un-social, and is contrary to the best interests of society in general, and the medical profession in particular. The few medical men that it helps are greatly outnumbered by the many that it injures. It is perhaps the greatest cause of the medical profession being a house divided against itself. Being unjust it cannot survive, and in time will be abolished. Surely all fair-minded men recognize the truth of these facts and agree that something must be done to remedy this condition. While it must be admitted that to allow all regular physicians to treat their own patients in a hospital presents some practical difficulties, it would seem that the injustice done to the patient and to the doctor who, having no hospital connection, loses his patient as soon as the case becomes a hospital case, demands that an attempt be made to solve the problem. To some

extent the evil would be corrected if the dispensary staff would be increased in size, and that members of the dispensary staff be accorded the privilege of the hospital under certain conditions. It would seem that you gentlemen who control the hospitals, public and semi-public, whose skill, intelligence and high purpose is well recognized by your less fortunate brethren, and you who have done so much for your hospitals, for society and for yourselves, can if you desire, devise some workable plan whereby the "outside doctor" can take care of his own patients in a hospital.

Dr. G. K. Dickinson: He talks like a man who knows little or nothing about surgery. You can operate in a back yard, but you cannot pull a case through from the effects of an operation in that place.

Dr. Edward E. Worl, Newark: Mr. President, I also am from Newark and allow me to say that whatever prejudice might have existed against the gentlemen referred to, I certainly had none. because I remember that Dr. Rosenwasser was my assistant in the children's clinic. Now I don't agree with Dr. Rosenwasser. I don't agree that every doctor should go into a hospital and treat his patient. One reason why he is sending his patient into a hospital often is, because he can no longer satisfactorily treat his patient. I am not a surgeon but I honor the surgeon. I do not consider myself competent to treat my patient if he has some of those diseases which last night were unknown to me. Now in this vast flood of knowledge which is poured out to us we must be content to abide under the shadow of a certain amount of ignorance and I for one am ready to honor my fellow physician in his own province where he has greater knowledge and experience than I and to accept the consequence thereof.

Dr. John H. Bradshaw, Orange: I have just two minutes to give to this interesting discussion, not being an orator like the last two gentlemen who preceded me, I will have to ask your indulgence to my remarks. The first one is this. I believe that the efficiency of the hospital will be very much advanced if the surgeon and medical men on the staff had more part in the management of the institution. I believe that if we use our influence to have the staff represented on the management board, on the governing staff, in the council of the directorship hospital, financial and otherwise, that a thousand and one little points would be elucidated that are passed by and that the efficiency would be very much increased. Second—I believe in speaking of the term of efficiency and that this is an age of efficiency. We know there are efficiency experts. Efficiency has been worked out in the trades and the arts. Bricklayers' experiments have been made to demonstrate that the useless movements can be eliminated so as to increase the efficiency of the bricklayers' work and there is a gain in the day's work that is quite remarkable.

Now this idea can be followed out in all departments of the hospital work. I believe that it would conduce to the efficiency of the hospital management if a committee could be by the staff, a committee called the efficiency appointed, a committee of one, say monthly committee, which would look into these things and who would eliminate unnecessary movements, who would eliminate unnnecessary expense, who would make their report monthly at their hospital meetings and it would be an interesting report gentlemen, and I believe if such a thing was followed out we would not see this tremendous loss of time, this tremendous standing around and this lack of team work. Why, take an operation, for instance; we all know how exasperating an operator finds it to have his assistants late or the chief late and the nurses standing around; there is a lack of efficiency generally that can be eliminated.

Dr. Norton L. Wilson, Elizabeth: Mr. Chairman and gentlemen; in line with what the last speaker has said, I want to say that in the hospital with which I am connected, we have a committee called the executive committee which is composed of three members of the Board of Managers and three members of the staff. That has now been in operation I should say five or six years. Before that time things were going along just as the last speaker has mentioned, but since the organization of that committee everything has gone along smoothly. One of the chief annoyances in a hospital to me is noise and this executive committee of ours has been for some time endeavoring to eliminate noise; to give you an example; we have a system of bells in each room. I am now speaking of private rooms. Three or four patients will ring their bells at once and it makes quite a decided noise in the hall. That ought to be eliminated. We hope to put in a system of lights. The noise from the street, visitors, your machinery, your laundry, the exhaust from your furnaces, boilers; all these things, it seems to me go to break up a peaceful, restful place for a hospital, which unless it is looked after and unless your efficiency committee or executive committee look after these things, it does not come up to the requirements of the ideal hospital.

Dr. Philander A. Harris, Paterson:—One speaker has referred to the "noise" so ordinarily emanating from hospital managers, who must ever devise ways and means of meeting the demands of current expense account. Hospital governors surely have their troubles and must be excused for occasional fits of grouchiness. A considerable part of the increased cost per patient is distinctly due to the high cost of commodities, another part is due to a lack of system or proper control of the help, particularly that part of hospital service which pertains to nurses and nursing. In the item of instructing pupil nurses entirely too much is left to the whims, caprices, or fads of graduate nurses, so many of whom have received only a haphazard or irregular training in the real details of hospital work. No matter how competent a graduated nurse may be, much of her time, and a great deal of the time of the charge nurse under her must be occupied in the verbal teaching of details, very much of which could be better taught, and with more uniform results by a manual, or, standing instructions. There should be in the possession of each pupil nurse printed directions telling just how to perform a lot of duties which she is required to perform hundreds or thousands of times during her stay in the training school.

I believe that the ordinary practice of hiring a lot of graduate nurses to teach pupils of the training school a lot of methods which should be much the same in every hospital is not only unnecessarily expensive, but very often deficient in end results. Just as soon as we can secure for our hospitals, printed directions for the performance of a lot of duties, just so soon will the cost of maintenance tend to lessen, while the efficiency of the service will be increased, therefore, let me state tersely, that to the high cost of living must be added the waste arising from unnecessary duplication and multi-duplication of effort.

A national committee has been appointed to find ways and means of avoiding waste, and to endeavor to lay down a plan for hospitals whereby methods may become standardized. About sixteen years ago, I began personally, to standardize a lot of my more important requirements of nurses in charge of my service in gynecology. There were many paragraphs, and each paragraph directed the nurse when to do a certain thing, and how to do it. These paragraphs were known as my "Standing Instructions" or "Standing Orders." My standing instructions were improved from time to time, and I am now working under the fourth edition of them.

If any of you have seen and read any part of the "Manual," issued by the Postmaster-General, and addressed to Postmasters, their assistants and all others employed in the postal service of the United States, you cannot but have been deeply impressed with the fact that every detail of direction for taking care of almost any sort of service is explicitly expressed in the manual. The more modern and econmically managed hospital will be one in which the regulation of hospital help has become standardized, and in which sandardization will have become so perfected and fixed, that from one year's end to another, hundreds of simple and good methods will be plainly printed, learned and followed by both doctors and nurses, and these simple methods will become so fixed that few conditions will arise reuqiring amendment.

Dr. Walter B. Johnson, Paterson: In the first place, gentlemen, I believe the superintendent of the hospital should be a member of the association of hospital superintendents. It may be that it is difficult to find good superintendents, but there are a great many hospital superintendents and they should have the loyal support of the Board of Managers and the staff and the support of the people of the towns in which they live, because they need it. It is easy to criticize the superintendent of a hospital and there are always too many evidences of trouble that make criticism easy. It is a difficult job. It is a job that belongs to a genius. All people are not calculated for hospital superintendents and the reason that they are not, is because the people that they have to deal with, most of them, do not know about any particular part of the business except perhaps the business of the department which they are engaged in themselves. If it is a doctor, he knows about a single department, he looks out for the medical end and it is the same with the members of the Board of Managers as to other departments, and the doctor does not know anything about the financial needs; don't know anything about the possibilities of meeting the financial obligations and he says somebody else must raise the money for us, and we will do the work. If it happens to be a member on the training school committee, the nurses must be pampered, cared for and looked after on account of the great assistance that they are going to be to the profession of medicine and surgery in the future. Gentlemen, I think that is very true to a certain extent, but the nurses must not be spoiled; they must not be ruined for outside work. Another thing, in accordance with the suggestion of Dr. McCoy, it is necessary to train every nurse in all the various departments of the work. I do not agree with him in that, except to a very limited extent. There are only a certain number of nurses who are suitable for work in particular departments; for institutional work perhaps, for house work, private nursing or for work in some other field; there will be certain ones who would devote themselves to specialties, who will determine to follow specialties; they should, if judged competent, be placed in those departments and given special opportunities but because one wants to do that and there are others who do not desire to do it and their time could be devoted to other work which would be more beneficial.. Now in relation to this question of hospital management, I believe that the whole operation of the hospital depends upon the loyalty of the people who are associated with it in all of its departments. If there is anybody who is not loyal to an institution, connected with it, as Doctor Ill says, his business is to at once sever his connection with it. A man who is always standing in the way of the progress of the institution and who says to his patient and to the people of the community, I don't think that I can operate there or I don't think that I can work there because I cannot get the little conveniences that I think I need, is a menace to the hospital's progress and should retire. It is the business of the doctor to try to lift the hospital to which he belongs and not to berate it. Now in relation to economy, the people who furnish the money to operate the hospital and the people of the management, who use the money, should see that nothing is spent unnecessarily. The supplies that are necessary for patients, in the medical and surgical departments, are ordered by the physicians or perhaps they are not ordered by the physicians, perhaps the physician does not give attention enough to the fact that this or that or the other thing has been used in connection with cases; perhaps he leaves it to the hospital interne; perhaps the medical men do not give attention enough to the fact that some patient has supplies at the present time which was ordered weeks ago and is still getting them. Perhaps they do not need it now, perhaps they do, but I think orders should be given and kept on definite lines and should be observed economically. At the same time, whatever is necessary for the treatment or care of the patient, should be furnished, but that does not say that a body of two or three surgeons should use up $250 worth of gauze in three weeks or a month if it is not necessary. With any number of patients physicians should use only whatever gauze is necessary, but I am satisfied that

there is a great extravagance in the use of gauze in most hospitals. Now in relation to one of the suggestions made, I think, by Dr. Marvel, about continuous service, that there should be a surgeon for each department, I do not agree with Dr. Marvel. I think a larger number of surgeons will be assisted and helped by being in charge of the smaller number of patients and by carefully studying the cases. What I mean by that is having every surgeon on the staff engaged on continuous service with the number of patients limited, instead of dividing it up into three months' service and making one man the head for the three months and giving him charge of all the patients on the service for that limited space of time.

Dr. William J. Chandler, South Orange: I just want to say one word. The efficiency of the nurses and the efficiency of the nursing department of a hospital is very much increased by the private nursing outside the hospital while under hospital control. I would not approve using the service of the nurses as a means of building up a hospital's resources, but I certainly do approve of her having a certain amount of outside training; there is very much gained while she is still a pupil in the hospital by having her under outside observation. Corrections can be made in her methods which are of great advantage to the nurse. I should therefore make that addition to the requirements mentioned in one of the papers. Now with regard to the general manager of the hospital, I agree with Dr. Johnson most fully; that the superintendent should be the **head** of the hospital in **every department** but I want to go one step further and say that head should be a **medical man.** No one can manage a hospital thoroughly in all departments, except a medical man. That brings us right to the keystone of the whole hospital discussion. We shall never reach it until there has been a good deal of discussion. We are a young country. We go abroad and see a different management. They have what we are coming to here, a paid hospital staff. We won't have our present large staffs of fifteen, twenty or twenty-five attending physicians. We will have a paid, competent staff of a few men who are given a salary sufficient to command their services and those services will then be rendered. The head of that institution will be made responsible to the Board of Governors, of which he is one, for the management and for all the expenditures. He will thus have a personal interest in seeing that everything is well done.

Dr. Gordon K. Dinckinson, Jersey City: These papers bring out two points for solution, the hospital and the physician. There should be a central body whose one duty should be to rate the standing of all the hospitals. This rating might be done very much after the fashion of the dairy farms, a certain number of marks for certain conditions existing or non-existing. Faculties connected with colleges should have this information, and each one of these hospitals should be provided with internes, without examination, by this central body.

The requirement to enter a medical college should not be an academic college degree, but one from the high school. The course in the medical college should be lengthened to six years, the first two years or more of this time being similar to that of the academic college, but with the focus on the medical life to come, so that the student's mind and training may trend toward medical thought, philosophy, ethics and allied topics. On graduating from college he should receive a diploma of licentiate. If he accepts the position of interne in one of the rated hospitals, where there is proper instruction and correct observation, he should at the end of that time obtain the degree of doctor of medicine.

Dr. Edward J. Ill, Newark:—Mr. President, I second what Dr. Marvel had to say about a continuous service. I mean to say that a continuous service is the proper service in any large hospital. A small hospital in a small town may have a service to suit its peculiar circumstances. Dr. McCoy's suggestion as to the over-education of the nurses by lectures and post-graduate courses is proper. I think the education of nurses should be practical and be developed at the bedside. Teaching should be daily. I have looked upon many of the lectures as fallacious. I once went into an institution and the director of the institution came out with three big books under his arm and said he had just lectured to his nurses on yellow fever, scarlet fever and typhoid fever. All in one lecture. What his nurses understood is questionable.

A post-graduate education can only be taken if you bring your nurses back as special nurses, that is, to patients who want the luxuries of nursing. Let those cases be looked after by your graduates, and in that way you will give them a post-graduate course.

You will never bring nurses back to their school any more than you will get doctors to go back to their colleges. Both have got to make a living after they get out and they cannot neglect the business end of their profession. In reply to Dr. Rosenwasser's remarks, that no Jews can get into St. Michael's Hospital, let me say that I am medical director of St. Michael's Hospital. I have been connected with it for thirty-five years. During that time I have never known that a Jew has been kept out. One of my best assistants was a Jew, and he was with me for ten years. He left me because his own work was getting too extensive and he did not have the time.

Of the five internes that are there now, three are surely Jews; what the others are I do not know. The authorities of St. Michael's have never discriminated on account of race or faith. I am of the opinion that there are two or three who are not connected with any church whatever, and we are told of some who do not even believe there is a devil, though the devil of jealousy and discontent is ever among us doctors.

Dr. Emery Marvel, Atlantic City: Whatever else may be said, the hospital is not only a convenience, but it is also a necessity. It is our duty as doctors and citizens, therefore, to lend our efforts to secure the best possible service from the institution. In considering this problem, there are three factors commanding our study: the patient, the hospital and the doctor. The patient is the primary, and at all times the paramount consideration, since it is for the patient that the hospital exists. The

hospital is an instrument of potential good, responsive to the influence of the power directing. In so much as the object is the care of the sick, and that care requires special qualification, it is obvious that the greater efficiency of the hospital is dependent upon the direction of that special factor—the doctor. How then can the doctor, or doctors, best adjust their service to obtain the greatest efficiency? I believe that it is by team work. This requires a captain, but when more than one captain directs a team there seldom is a team. My paper proposes to obtain team work from the Medical Staff by having established a team for each separate department, each team having its respective captain. In a large hospital service, such as prevails at the Paterson General, I do not differ with Dr. Johnson's view that two teams working in the same department and having a wholesome competitive pride would be desirable, but the majority of hospitals in New Jersey are not sufficiently large for such division.

Dr. John C. McCoy, Paterson: In my remarks I stated that the practical instruction of the nurse was of far more importance than the theoretical. For this reason, those in charge of Training Schools, should be acquainted with all the practical phases of the work, including private nursing and operating room work. Nevertheless, we must not lose sight of the fact that with the various State requirements the nurses must possess sufficient theoretical knowledge to enable them to obtain their degree of Registered Nurse and it is therefore necessary that the lecture courses in all hospitals, shall be planned to meet this demand.

It is admitted that to-day, in hospitals, the ratio of nurses to patients is higher than in preceding years. This is due to the reasons: 1st, the increased demands upon the nurses time by the medical profession in the care and nursing of each patient; 2nd, the additional class room work demanded of the student, to meet the State requirements for registration. I feel sure that a certain amount of time, during the training course, devoted to social service or District nursing would make the nurse more valuable in institutional work and better prepare her for meeting the many emergencies arising in private nursing and teach her to adapt herself to conditions as she may find them.

FIFTH PAPER OF THE SYMPOSIUM ON HOSPITALS.

THE STANDING-ORDER EVIL IN HOSPITALS FROM A SURGICAL VIEWPOINT.*

By FRANCIS H. GLAZEBROOK, M. D.,
Morristown, N. J.

This paper is a plea for a little more individuality in dealing with the so-called minor factors in connection with the management of the operative patient in the hospital.

Not so many years ago very few towns outside of the large cities could boast of hospitals, but not so now; the hospital growth during the last quarter century has been amazing, so that almost every community throughout the country has a hospital, and a large majority of said hospitals are thoroughly modern institutions attended by thoroughly progressive, hardworking, conscientious physicians. Particularly is this growth noticeable through the South and West. Great things are coming out of those sections of our country, and it behooves us here in the East to be up and doing, else we will find ourselves suffering in comparison with our Southern and Western brethren.

The result of all this has been a vast improvement in medical standards. The hospital, wherever found, indicates thrift in the medical ranks of the community. It is a medical centre where physicians meet every day and discuss their individual as well as collective problems. The great advantage to the community from its laboratories, which have made diagnosis more correct and treatment more scientific, the possibilities in the operating room, have resulted in the development of able surgeons in the so-called country districts; and so on I might go, reminding you of the great advantages of the modern hospital, and while I know that its advantages many times over offset the complaints we hear from time to time. At the same time, a good deal of looking around, with eyes and ears open, has convinced me that the hospital service is responsible for certain evils and temptations to shift responsibility, and it is this phase of the subject to which I wish to direct your attention in this article, with the hope of arousing some discussion which may prove of some use to somebody. While my discussion of this subject will be entirely from a surgeon's point of view, there is certainly also seed for thought on the part of the medical man, for I am not so sure that such evils may not have more serious consequence on his side of the service.

Do we ever stop and consider seriously why so many people have a prejudice against the hospital? Why do we so often have to use all of our persuasive powers to convince people that the hospital is really not a bad place? Where do the impressions which cause such prejudices come from? Is it not to a certain extent at least from people who have had hospital experience? We doctors know that the hospital, like all institutions, is not without faults; but

we also know that in spite of its faults it offers the operative case a safer chance and at the same time makes our work easier and more certain, but the public gets its opinion largely from gossip and from those who have been there as patients. The operation proper has very little to do with the patient's impression; it is his management throughout his entire stay in the institution. It is too often the case that the surgeon's interest is largely confined to the operative procedure; especially is this true of the ward case. I have often noted with surprise when talking to surgeons in their hospitals that they are most definite and exact in explaining every detail of an operative procedure, but when you inquire about the preparation and after-management it is a different story. They do not appear to be so familiar with this part of the technic, and you are not uncommonly referred to the intern or nurse in charge for this information. There is a common, and to a certain extent true, criticism of the hospital, namely, that one loses his individuality, and becomes a number or just a case, the personal equation between patient and doctor, that confidence which means so much to the patient, is to a large extent missing. This means just as much to the poor patient as it does to the more fortunate pay patient, and the surgeon who assumes the responsibility of a hospital service is just as much responsible for the well being of the free case as he is for any other, and if he is too busy to give his personal attention and supervision to every detail of the management, then his services should be divided and some of the many other willing men should be given a chance. In the words of Crandon, "The end of the operation marks the beginning of the surgeon's care and anxiety. From fifteen minutes to one hour is consumed in performing a piece of surgical technique with which the surgeon feels quite at home. When the patient leaves the table he goes into other hands for an indefinite period of convalescence with all its discomforts and all the possibilities for mishap." True, the surgeon must depend to a great extent on the persons in charge to carry out his plans, but these plans should be considered only in regard to the individual case, and should not depend on "my standing orders for post operative management." An operation, no matter how simple, is a serious matter to the patient, and the surgeon's obligation has not been fulfilled until that individual has been carried through the entire period of indisposition, with every detail attended to and every possible obstacle to his comfort removed. Too many cases get through in spite of the treatment. "Skillful after-treatment has pulled through many a forlorn hope, while neglect in the after-care will negative the skillful effort of the best operative surgeon. Success in after treatment means the successful mastery of a mass of details." (Crandon.)

I believe that the "standing orders" so common in connection with the preparation and after treatment of the operative hospital case are responsible; 1st, for a great deal of unneccessary suffering and annoyance to many patients, and causes them to come to operation ofttimes in a nervous, frightened and fagged out condition; 2nd, that the routine standing order "hypo" of alkaloid preparations before general anasthesia is a dangerous and unneccessary procedure, and as used by many, most unscientific; 3rd, that in connection with the post-operative treatment, the "standing orders" result in much shifting of responsibility and personal supervision on the part of the surgeon, a loss of individuality on the part of the patient, and a considerable increase in the post-operative mishaps, which are entirely avoidable.

I would divide that part of the mangement which has to do with "standing orders" into two classes: (A) Those things which have to do chiefly with the comfort of the patient and (B) Those which may result in actual harm. Under the first head are especially the cathartic, the enema, posture, and those orders which have to do with thirst, nausea and vomiting, etc Under the second, the post-operative use of drugs for relief of pain, and most important of all the pre-operative hypo. All of these are operated by the standing order, issued by the attending surgeon, but executed largely by the judgment of the nurse, and ofttimes the pupil nurse, or by the house staff, who are, I would remind you, still only post graduate students, except in those hospitals where good men are paid and continue in the service for a period of years. Of course these remarks do not refer to such institutions as these.

In regard to group A, first let us consider cathartics. I feel that their use is greatly abused. Of course, we will all agree that there are certain cases where thorough catharsis is very important, but I see no reason why every operative case should be forced as a routine to swallow some sickening

dose, as for instance, castor oil. This is always a most disagreeable dose and often seriously upsets a great many people, yet it is the standing order cathartic of a large majority of hospitals. If catharsis is necessary, I can see no reason why the wishes of the patient should not be reasonably consulted and cannot agree with the idea that operative patients should be purged. A cathartic should not be given under any consideration the night before the operation. It disturbs the patient just at a time when he should be resting and forgetting. As a matter of fact the less the ordinary daily habits of the patient are interfered with in his entire preparation, the better. I have no use for the two or three day preparative ordeal. If the bowels have been regular immediately preceding the operative date, the simple S. S. enema given the morning of the operation, by some one carefully trained in the execution of this operation, is the least disturbing and entirely satisfactory in the majority of cases. I think it is a mighty good plan to leave all the preparation, when possible, until the morning of the operation. A cheerful and capable nurse can do this in an entertaining and agreeable way, and give the patient something to think of other than self and the approaching and dreaded hour. This is entirely possible in this day of iodine preparation.

When discussing hospital with patients and friends who have been the operative patients of other surgeons as well as my own, in various hospitals in divers places, I have noted with much interest that the operation was the part of their hospital experience which disturbed them the least. Recently I talked with a friend, the patient of one of the best known surgeons in New York City and under his care in one of the best reputed hospitals in this or any land, and in substance he said, "Will you tell me why surgeons whose surgical ability is unquestionable, and to whom people go believing that their's is the last word in surgical and hospital management, stand for the petty annoyances patients are subjected to during the preparation for operation and the few days after. There seem to be certain regular procedures which even the layman realizes cannot be of any material importance, and all the satisfaction you get for your protest is that you must do this or you cannot do that, because it's the doctor's orders." Speaking of the orderly he said, "If that fellow had been sent in to give me another enema I would have left the hospital before submitting to it. I consider it an outrage, with all the young doctors running around in white coats that this, at best, most disagreeable procedure should be left to an un-trained attendant.

Now this was from one of the largest and best known hospitals in New York City, and I know that it applies to many others. Let us consider for a moment this person, the orderly, this "Jack of All Trades," who is he? Very often anybody who will take the job, possibly a former patient, this is especially so in the small hospital. He is presented with a white coat, a rectal tube and a catheter, and this is often the extent of his education. He starts in to practice his art, and our patients grin and bear it because they think it's part of the game. This may be a little overdrawn, but in substance it is true.

Thirst is another cause of discomfort to the operative patient. Many patients are allowed no water before operation, and oftimes none after, or only teaspoonful doses, and even this is stopped if there is nausea or vomiting. I believe this is a great mistake. There is no reason why water should not be allowed right up to the time for taking ether, in fact, I urge my patients to take plenty of water. It fills up their vessels, and a glass taken just before the anaesthetic protects the stomach from the ether laden mucus which is swallowed. Post-operative nausea and vomiting is no contra-indication to water, except of course it be in connection with stomach cases. Such vomiting is usually of three types; first, that due to irritation from the ether which is swallowed into the stomach. This usually occurs during recovery from or shortly after the anaesthetic and should not prove serious. Second, that due to acidosis produced by the action of the ether on the body lipoids. This only occurs after prolonged anaesthesia, unless there is a state of acidosis at the time of the operation. Thirdly, morphine, this is by far the most frequent cause of prolonged and troublesome nausea and vomiting, a very decided argument against its use. The suffering from thirst after ether, especially if there has been active catharsis, is most trying. The patient craves water and a good drink is a great comfort, and even if vomited, washes out the stomach and makes vomiting less exhausting. The vomiting from acidosis is persistent, whether water is given or not, and there is every indication for water. These cases clear up much quicker if water, to which soda bicarb is

added, be given freely by mouth and rectum. I feel sure that routine examination of the urine before operation, for acetone, will in many instances show an existing acidosis. These cases should be cleared up if possible, before ether is given. I am satisfied that water freely given is decidedly indicated before and after operation for the majority of operative patients, and certainly this matter is of sufficient importance to the patient to demand personal consideration.

Neglect to consider individually the question of posture, also results in much unnecessary discomfort to the operative patient. Often after operation patients are made to stay for hours in one position, either by the routine order of the doctor or because no order at all is given, and the nurse is afraid to take the responsibility of allowing a change of position; the patient, finally unable to endure the strain gets into such a state of nervousness that the P. R. N. or S. O. S. order for morphine is resorted to by the nurse, when a little shifting of position would rest the patient and make such a procedure unnecessary. In many hospitals the so-called "Fowler position" is routinely ordered for all patients post-operatively. I find that patients very soon tire of this position. It is a hard one to maintain and if not correct is useless. I question very much any benefit from it at any time, and believe that sufficient and properly placed drainage is far more important. By nature a sick animal lies down, and I feel sure that with very few exceptions, the position which makes the individual most comfortable is the best position for that individual.

In regard to group (B) I have reversed the order and will speak first of the post-operative use of drugs for the relief of pain. Morphine is the drug commonly used, and I mention this practice simply to condemn it. I do not approve of the careless manner in which this drug is now being used. Post-operative pain is of two kinds, that due to the trauma and that due to gas. There is a large nervous factor which must be considered when dealing with the pain resulting from the operative trauma. It is more often a state of general restlessness than actual pain and requires as a rule no treatment other than suggestion and a change of position from time to time. The "gas" pains which come on later, we rarely have any trouble with now, and I attribute this to the fact that our patient's bowels are not "tired out" by severe catharsis before operation and especially to the post-operative use of a low enema which is started twelve hours after operation and repeated every twelve to twenty-four hours, as the individual case may demand. Turpentine and glycerine may be added to this if desired. With this practice peristalsis is practically uninterrupted and gas is expelled continuously, the bowels move promptly and there is no need for other catharsis. There are some cases which do require morphine for the relief of pain, but this should be controlled entirely by the individual indications and not be allowed as a standing order.

I have left until last the consideration of the drugs used before anaesthesia, or as I term it, the pre-anaesthesia medication, as I consider this of considerable importance and wish to discuss it at a little length.

Some years ago in my student days we were taught, I might better say told, for there was little teaching on this subject, that anaesthesia by ether was best accomplished by excluding air and so the old closed rubber cone was generally used. We all remember the terror of the patient and the fright and struggle necessary to accomplish anaesthesia. Asphyxiation or suffocation might have been better terms, for it was no less terrible than either of these on many occasions, and the dread of this ordeal still lives among a large per cent. of the public. Under this method of ether anaesthesia enormous quantities of ether were used and complications were common. Many times it required over a 100 gram can before the patient was subdued. With the idea that the patient might be more easily overcome and fear lessened, and the amount of the ether reduced and complications made less likely, somebody suggested the use of morphine or some like drug, given by hypodermic injection a short while before ether, and as this seemed reasonable, and as anything which, even theoretically might make this ordeal less trying, appealed to the profession generally, this practice soon became universal.

During the last ten or twelve years the question of anaesthesia has received much attention. Able men and women have given this important subject much thought and as a result there has been great improvement in the technic and to-day, instead of any Tom, Dick or Harry, we have skillful specialists in this department, and the question of real anaesthesia has come into its own, and is a real science, with the nitrous oxide, oxygen and ether sequence

or the open drop method of ether alone, patients are comfortably, safely, quickly and humanely put to sleep and the amount of the anaesthesia used for the whole operation seldom exceeds the 100 gram can. In spite of this great improvement in the manner and skill of giving anaesthesia, and thereby the exclusion largely of the factors which theoretically justified the use of these drugs, I have been somewhat surprised at the continual general routine use of such pre-anaesthetic medication, and so sure was I that this practice was being followed in most instances in an empiric way, without any actual practical proof of its justification, having satisfied myself after considerable experience that it was an unnecessary procedure, that the good claimed for it did not compensate for the dangers, and that the theory was not borne out in practice, before discussing it I determined to make an investigation, and see just where this matter stood. I thereupon chose from the American College of Surgeons about four hundred prominent surgeons, from all parts of this country, Canada and England, believing that by consulting their practice and opinions I would best feel the pulse of the surgical world. To these gentlemen I sent a circular letter as follows:

1. Do you in your hospital service give any medication by hypo or otherwise in preparing patients for general anaesthesia?

2. (a) If so, what? (b) When and how given?

3. (a) Is this a routine or standing order? (b) If so, with what restrictions?

4. Have you ever had any serious results or complications attributable to such medication?

5. Have you ever considered a series of cases without such pre-anaesthesia medication in comparison to those given medication? (a) As to influence on preop. fear and nervousness. (b) As to influence on amount of anaesthesia used. (c) As to influence on condition of patient while under anaesthetic. As to influence on postop. conditions, viz:—shock, cardiac or respiratory depression, secretions, nausea or vomiting, abdominal distension, etc.

Remarks concerning other standing orders relative to preparation and post-operative treatment.

The result of this investigation has proved most interesting and instructive, as the following statistics and remarks will show.

I received 183 replies to my letters, as follows:

1. Do you in your hospital service give any medication by hypo or otherwise in preparing patients for general anaesthesia? Yes, 127, no, 33; very exceptionally, 23.

2. (a) If so, what? Morphine and atropine, 111; hyoscine and morphine, 4; scopolamin and morphine, 6; morphine, atropine and strychnine, 4; atropine alone, 5; morphine alone, 7; morphine by mouth, 1; pantopon, 4; scopolamin alone, 1; not stated, 6. (b) When and how given? One quarter to half hour before operation, 130; one hour before operation, 12; three doses, three hours, two hours, one hour before operation, 1; two doses, one hour and one-half hour before operation, 1.

3. (a) Is this a routine or standing order? Applies only to 127 who answered yes to question No. 1; yes, 91; no, (use in all cases, but order individually) 36.

3. (b) If so, with what restrictions? Applies only to 91 who answered yes to question 3 (a). None, 40; brain cases, 2; young and aged, 12; idiosyncracy, 10; young, 18; aged, 12; kidney cases, 7.

4. Have you ever had any serious results or complications attributable to such medications? Yes, 33; in respiratory failure and cyanosis, 16; morphine poisoning, 6; over dose accidents, 3; delay in recovery, 6; late serious vomiting, 2. No, 101; not answered, 49.

5. Have you ever considered a series of cases without such pre-anaesthesia medication in comparison to those given medication? Yes, 46; (note—27 of these answer "no," or "very exceptionally" to question No. 1); no, 81; not answered, 56. (I take this to mean "no.") (a) As to influence on preop. fear and nervousness. Less, 93; no difference, 10. (b) As to influence on amount of anaesthesia used. Less when ether is used, 88; no difference, 11. (c) As to influence on condition of patient while under anaesthetic. General advantage, 64; general advantage but need closer watching, 7; advantage from atropine only (less mucus), 35; some seem better, some worse, 1; no difference, 1.

5. (d) As to influence on postop. conditions, viz: shock, cardiac r respiratory depression, secretions, nausea or vomiting, abdominal distension, etc. Shock: Good influence, 59; bad influence, 17. Respiration: Good influence, 26; bad influence, 20; no influence, 15. Heart: Good influence, 26; bad influence, 13; no influence, 17. Vomiting and Nausea: Good influence, 32; bad influence, 13; no influence, 25. Dis-

tension: Good influence, 16; bad influence, 9; no influence, 37.

The anaesthetics used were straight ether, nitrous oxide, oxygen and ether, about evenly divided. There were four who used spinal anaesthesia, and two who used nitrous oxide and oxygen alone.

If we consider these figures for a moment the facts of special interest are:

1st. The very general routine use of such medication in a more or less empiric way.

2nd. The relatively small number of those using such medication, routinely, who have made any comparative study of any kind (shown in answer to question No. 5). This is rather surprising as these letters were sent largely to surgeons who have every facility for making any investigation.

3rd. The conflicting opinions as to the effects of medication upon conditions, as seen in answers to question No. 5, especially under (d).

4th. The relatively large number of those, who having made a compartive study, do not use such medication. (As seen in answer No. 5, under note).

5th. That the dangers from such procedure are very positive and accidents by no means uncommon. (Shown in answer to question No. 4).

So interesting were the remarks in many the letters that I wish I could publish them all, but time would not allow. I will, however, quote from a few which are of particular interest,

Dr. Lane, London. "We use the hypodermic, but not routinely. We have no standing orders."

Dr. Parker Syms, New York. " I never use such 'hypos' except in goitre and shock. My results fully justify this position or I would change. My patients do not suffer from pre-operative fear or nervousness. The amount of ether used depends upon the skill of the anaesthetist. I think most serious complications may be attributed to the use of morphine before or immediately after operation in abdominal cases."

The Mayo Clinic, Rochester. "We give about 10,000 anaesthetics a year and most of them without preliminary medication. It is given only in those cases where especially indicated. There is more vomiting in patients who have morphine. Atropine is given, if air passage secretions are troublesome. Straight ether is used and the amount varies but little, whether hypo is used or not."

Dr. C. H. Watt, Johns Hopkins. "We ran a series of cases over a period of time to try and determine the value or no value of morphine. Three hypos, A. B. & C. were made, A. containing gr. 1|6, B. gr. 1|10, C. none at all, the letters were changed on these every day so that the anesthetist could not tell the amount of drug therein. An attempt was made by the four anesthetists to guess from the way the patient acted which hypo had been given. They were not successful, in more than fifty per cent. of the cases, which any one could have done who had not seen the cases at all, so we decided none at all was as good as gr. 1|6."

Dr. J. C. Bloodgood, Baltimore. "Allow no routine orders. Each patient has special orders and nothing is done without orders."

Dr. Bigelow, Brandon, Manitoba. "Stopped using morphine on account of respiratory failure."

Dr. A. J. Ochsner, Chicago. "Use no alkaloids except in goitre."

Dr. John Erdman, New York. "Stopped use of such remedies, fear is not decreased unless "knock-out" dose is given, amount of ether diminished very slightly in the hands of skillful anaesthetist. Morphine-ether anaesthesia no better and certainly not as safe as plain ether."

Dr. Boothby, Boston. "Question 5, a, b, c. & d, Influence by skill of anaesthetist far more than medication."

Dr. Bovee, Washington, D. C. "I have abondoned morphine, use suggestions instead. Still use atropine."

Dr. Gerry R. Holden, Jacksonville, Fla. "Danger signals of anaesthesia masked by morphine."

Dr. Crile, Cleveland. "Morphine and scopolamin routine procedure except in very young and very old. Nitrous oxide and oxygen used almost exclusively."

Dr. J. B. Deaver, Philadelphia. "Never give anodynes except in goitre."

Dr. Finney, Baltimore. "We use no preliminary medication except in excessive nervousness, viz. goitre, and allow no standing or routine orders."

Dr. Mefford Runyon, South Orange. "Morphine and atropine routinely, but consider drugs secondary to confidences inspired by satisfied mind, and a congenial environment."

Dr. Russel Fowler, Brooklyn. "Morphine and atropine routinely. This has no influence except beneficial."

Dr. G. F. Baldwin, Columbus, Ohio. "I

can nearly always tell when for any reason hypo has been omitted."

Dr. Hedges, Plainfield. "Have stopped use of hypo, being of the opinion that results are equally good if not better."

Dr. R. M. Curts, Paterson, N. J. "I believe the old law of Physics that for every action there is an equal and opposite reaction' holds good in modified form in highly potent drugs, certainly in regard to morphine the good is offset by the increase in vomiting, interference with secretions, etc."

Dr. H. H. Nichols, Boston. "Consider practice dangerous. Allow no standing orders."

Dr. Harold Law, St. Thomas' Hospital, London. "There should be no routine hypo. If any drug is used it should be decided by the individual indications."

Mr. E. Gillespie, Prince of Wales Hospital, London. "No experience with hypo drugs."

Dr. Isabel C. Herb, Anaesthetist to Presbyterian Hospital, Chicago. "We do not use hypo on account of frequency of respiratory depression. This may occur also with heart depression after patient is returned to bed."

Dr. A. E. Giles, Prince of Wales Hospital, London, "Never use morphine or its derivatives because I am not satisfied that the draw-backs are compensated for by the advantages."

Dr. W. B. Howell, Anaesthetist to Montreal General Hospital. "I use hypo, but is ordered individually, I have had some troublesome vomiting after recovery, as this has occurred after short anaesthesia with gas, it must be attributed to the morphine."

Dr. E. C. Moore, Los Angeles. "As to fear and nervousness some cases are apparently benefitted, but some are much worse, and you can't tell which will happen."

Dr. H. H. Sherk, Pasadena. "Believe our results are better without than with."

Dr. A. J. Burge, Iowa City. "Too many patients are 'winded' by preparation."

Dr. Elsworth Eliot, New York. "Never use hypo except in goitre or alcoholics."

Dr. E. J. Ill, Newark. "Morphine by mouth routinely."

Dr. Stuart McGuire, Richmond. "As most operations are followed by pain, and patients eventually get morphine, believe it is better given before operation to get the effect and at same time anticipate after pain."

About a year ago, following the plan suggested by Dr. Crile, I gave a patient, male, age 45 years, a hypodermic containing morphine gr. 1/8, scopolamine gr. 1/200 half an hour before operation. Before administering the anaesthetic, the anaesthetist called my attention to the pulse which was about 56. This man was absolutely indifferent to what was being done and was very much like one who has been given "knock-out drops." The operation was uneventful but it seemed as if he would never wake up afterwards, and during the night the nurse in charge called me up in much alarm and said she did not like his condition. He was stuporous and his pulse was rapid, between 90 and 110. It was 48 hours before I felt comfortable about the man.

Up to this time there had been standing orders in our hospitals for the usual preanaesthetic hypos and they were given in a routine careless way by the order of the anaesthetist. This case started me thinking and it occurred to me for the first time how unscientific and risky this procedure was. I now realize that many things which occurred to patients postoperatively, and which puzzled us to explain, were unquestionaby late effects of the "hypo."

Since that time I have given this subject much thought and with the able assistance of Dr. Jennie A. Dean, anaesthetist to the Morristown Memorial Hospital, have studied a series of cases, numbering 227, of these 80, patients of all members of the staff, were given morphine and atropine before the operation and 147 received no medication whatever. As a result of our observations we have come to the following conclusion:

The "hypo" of morphine is unnecessary as far as fear and nervousness are concerned. Suggestion and a mutual understanding between patient and surgeon being far more satisfactory. Nervous patients are ofttimes made more nervous by the hypo and never any less nervous with the ordinary dose. With a skillful and tactful anaesthetist the patient is quietly and quickly put to sleep without the use of any "hypo." This is unexceptionally so when the nitrous oxide-oxygen-ether sequences is used, and as I prefer a light anaesthesia, the patient is much more readily brought back when the "hypo" is not used, and by carefully gauging the time and stopping the ether when sewing up is started, is often conscious before leaving the table. I much prefer a little less relaxation, which

we hear so much about, to a profound anaesthesia. We have very seldom found it necessary to use atropine on account of secretion in the air passages, but do not hesitate to give it if the occasion demands, but give it then and only then. Post-operative distension is due to paralysis and as atropine increases this condition it should never be used in abdominal cases, unless decidedly indicated. Rovsing calls attention to an interesting fact, that while ether does occasion increased salivation in the salivary glands, it does not irritate the air passages and even when animals are killed by it there is no evidence of irritation of the larynx, trachea or bronchi. Ether, therefore, can only cause pneumonia by aspiration of saliva, and if the mouth is properly cared for this should not occur. The question of recovery has already been touched upon. The patient unquestionably regains consciousness much more quickly without the "hypo." In regard to post-operative conditions, headache, nausea and vomiting and dryness of the mouth, are much more common when the "hypo" is used, and as there is likely to be a slight depressing reaction when ether is stopped, added to this the secondary depressing action of morphine may produce alarming symptoms.

I have only seen one case of shock in this series. This followed operation for a gunshot wound of abdomen. Transfusion saved this life, I feel quite sure. In talking to surgeons of large experience I am informed that they never see post-operative shock except when there has been severe hemorrhage.

To sum up, I am convinced: 1st, That the standing order is a decided evil in the hospital management of operative cases, and should be eliminated; 2nd, That the administration of alkaloid drugs especially morphine and atropine, commonly used in connection with operative cases, should be more cautiously administered, and never given unless the indication for their use is positive; 3rd, That the routine pre-anaesthetic administration of the drugs so generally used, is an unsound and unscientific practice, and that the advantages claimed for the method are not enough to offset the risk involved.

DISCUSSION.

Dr. Alexander Marcy, Jr., Riverton: This is the most important paper of the symposium, and the time at my disposal for its discussion is entirely inadequate. There are a few things, however, which I would like to say that may not be out of place at this time. Each speaker, and particularly the last, has emphasized the importance of the individual, declairing that the thing of greatest importance in a hospital was the patient himself. This is certainly true. The first consideration should be the patient, and I wish to make an appeal for him.

In a practice extending over a period of 33 years I have seen not a few surgical cases and it has been necessary to operate on very many of them. The character of these operations has been from the simplest to the most complex and severe and I have to see one that did not recover where the operation was performed in the home of the patient. I have had a number die that were operated on in hospitals by some of our most skillful surgeons. Now how can this be accounted for? To my mind it is because of the greater shock attending operations in institutions. Dr. Crile has shown us that shock is an acidosis, attended by marked changes in the cells of the liver, brain and adrenal glands, and that one of the most potent factors in its production is fear, with insomnia as a close second. Take a patient from his own home to an institution where everybody is absolutely strange, where all sorts of things are going on, confusion and noises both inside and out, and can he sleep under such conditions? Couple this with the preparations for operation, strange nurses, internes, surgeons, consultations, examinations, etc., and is he not literally scared to death?

Here then is the beginning of shock, nervous shock, if you please, beginning the moment the patient gets into the institution, and continuing until the operation is performed. Add to this the surgical shock which comes from the operation itself, and you have a condition which in many cases decides the issue between recovery and death. Who is there that can be of more comfort to a patient than the family physician? Is it not very much better to have him surrounded by all the things he is accustomed to, up to the very moment of operation. He goes to the hospital to go through all sorts of examinations, preparations, etc., all very necessary and important, but these can be done at home. Patients should be just as carefully studied in their own homes before being subjected to the knife as they are in institutions.

At the time of the operation the family physician, if he has done his duty, will have selected the man best able to perform the particular operation needed. He will be there to see that it is properly done. I do not mean to criticise the technique or the way in which it is done, but to see that the surgeon is on time, that the nurse has everything in readiness, that the thing goes off properly. Should the surgeon arrive a little behind time the doctor will stay with the patient and make him comfortable and happy, and he will feel that he has at least one friend at court. I am sure that most of you have stood beside patients when they were being etherized and have felt a grip that was vise-like, that would not relax until they were under the anesthetic. Who were they depending on? The doctor who had always stood by them in times of danger or trouble. Is not this a factor to be reckoned with, and can you afford to neglect even the slightest thing that may eventually be the deciding one between recovery and death?

I am thouroughly convinced, gentlemen, that in the ordinary home where you have any sort of reasonable accommodations, you can get better results in your operative cases than you can in even the best of our institutions. I do not mean better results in the way of beautiful dissections, nor greater numbers of operations performed in a given number of hours, but better end results and more lives saved, which after all is the only criterion by which to judge results.

Dr. Walter B. Johnson, Paterson: As far as the matter of the injection of morphine and other drugs prior to anasthesia goes I know no more about it than I do about the article I read in McClure's Magazine in relation to a very celebrated gentleman who runs a clinic in Freiberg for somnolescent obstetrics. I have reached the point where I am satisfied that continuous service in hospitals, for the various surgeons on the staff, in my judgment, is the proper thing. It gives a larger number of medical men an opportunity to be leading surgeons in the community in which they live. Besides that, it increases the number of physicians you may have associated with the hospital. In the Paterson General Hospital we have established associates and clinical assistants to the medical staff. The re-organization was effected 4 or 5 years ago. Dr. Harris suggested this method of procedure and a re-organization was effected for the purpose of extending to the young men of the town an opportunity to become sufficiently proficient in time to take up the work, the consequence is we have in the neighborhood of 34 doctors connected with the medical department of the hospital. I might say also that our hospital does not discriminate in the matter of private rooms. The members of the staff have no more privileges in private rooms than any other doctor outside of the hospital medical department. Personally I believe it is a very poor idea. I think the private room patients should be attended by physicians members of the staff, who give their time and services to the hospital without compensation. Now with this large number of physicians connected with the medical department of the hospital, we are bringing up the young men and we do believe that they will be competent and able to fill our positions in due course of time, but, ladies and gentlemen, the most important and particular thing about the hospital is the harmonius relations between its various departments. If the board of managers in session will spend almost all the time that is set aside for a meeting in a discussion as to whether this hospital is a great benefit to Dr. so and so or else a greater benefit to Dr. somebody or other, instead of considering matters which belong to their departments, it indicates lack of harmony. The minute they say this physician or that physician is benefited so much by this hospital that he could afford to do whatever this hospital wanted him to do, and not receive any compensation for it, or that he could pay the hospital $4,000 or $5,000 for the privilege, etc., I say it indicates lack of harmony on the part of the management and the staff. On the other hand, if physicians spend all their time at their meetings in discussing the reason why this thing or that was done by the management or this or that rule observed in the nursing department, etc., all of which might not be purely medical matters, I say that indicates a lack of harmony. If some member of the internal staff has been a little indiscreet in his remarks perhaps, or in his attention to duty and has been censured by the superintendent of the hospital, and the board of managers going into a discussion which lasts half an hour, until finally the representative of the medical department, or the board of managers says: "Well the Board of Managers have nothing to do with it anyway; it is purely a medical question, better refer it to the staff," that indicates lack of harmony. Now what you want to work out is first, loyaly to the hospital, cohesiveness among your staff members, so that they can work with your board of managers and help the financial operations of the hospital. Every time you can say a good word, do so—every time you make use of its privileges show some appreciation, or if, like Dr. Marcy, who has not been associated with a hospital, you prefer to have patients operated upon in the home, do so if you can arrange the home for the purpose. I believe in having operations at the home, but, gentlemen, the thing that you can give in the hospital is complete arrangements for the operative work and a cheap service. It costs more money to operate at home than in the hospital, if you do it in a scientific manner.

Dr. Theron Y. Sutphen, Newark: I just want a word Mr. President. I think that we all agree that the surroundings of the ordinary hospital are better for the result of all operations than the home, other things being equal. There is a fear with many people about going to the hospital and that fear, it seems to me, arises from the experience of individual patients. So many patients leave the hospital, taking out with them a number of little troubles which have made them dissatisfied. Now I believe the hospital physician is at fault. I think he is to blame for the fact that these patients leave the hospital in this humor. It is a physician's place to see that each patient is perfectly comfortable and has everything done for him or her that can possibly be done, both by the nurses and the hospital management. I believe also that if physicians would talk deliberately, quietly and reasonably with their own patients outside and explain to them the advantage of hospital care, nine-tenths of them would be willing to go there for treatment. The point that I wish to make is this: That if the hospital attendant should take a more personal interest in each individual case—seeing to it that everything is done in all little matters for the patient's comfort—in diet, clothing and attention by nurses—much less would be heard of objections to hospital treatment and much better results would be obtained by hospital environment. The blame rests at the door of the hospital surgeon.

Dr. John C. McCoy, Paterson: In the line of Dr. Marcy's remarks, brought out by the writer of the paper, the nervous and apprehensive condition of the patient upon entering the hospital, preparatory to an operation, is certainly a most important factor in determing the amount of shock and the future treatment of the case. If this is admitted, then it behooves us to do all in our power to control this nervousness and allay the appre-

hensive condition. I know of no way to do this better than to see that the patient has a restful night or nights prior to the operation and goes to the operation with as placid frame of mind as is possible. To accomplish this, I have found it best to give the patient a hypnotic the night previous to operation and morphine either alone or in combination, an hour before the operation. If nitrious-oxide narcosis is to be used, in order to be successful, it must be preceded by an anodyne and if ether be used then far less of the anaesthetic is consumed; and consequently less shock and fever post-operative complications. No fast and set rule should be laid down here, more than in any other method of treatment.

From carefully observing our last 500 operative cases, I am forced to believe that the average patient will do better, take less of the anaesthetic and show less post-operative discomfort, if the anaesthetic is administered by an experienced anaesthetist and is preceded by a proper night's rest and morphine either alone or in combination before operation.

Dr. Gordon K. Dickinson, Jersey City: In the preparation of a patient one thing is necessary, and that is, to make him smile. If you make him feel comfortable and happy so that he smiles, you will have very little trouble after the operation.

Dr. Frank Wilcox Pinneo, Newark: The surgical view-point of this topic concerns Anaesthesia. This year is the seventieth anniversary of the birth of Surgical Anaesthesia. In 1844, Horace Wells applied in practice Nitrous Oxide for anaesthesia. True, it had been an evolution and Humphrey Davy, in 1800, forty-four years before, had observed that this gas "may probably be used during operations," but no one did use it. The evolution is still going on for the refinements of modern methods result in broader knowledge and nicer adjustment of means to end than existed when crude inhalation of a gas was a wonder. What would be thought of a standing order that if a house surgeon should operate for appendicitis he must go in by a specified incision, excise by a certain method, use certain suture material, and close, without considering drainage, in a certain way? The analogy is not far wrong. Beside many important considerations in the physical examination of a prospective patient for anaesthesia, the judgment needed in the choice of the anaesthetic and, further, in the method of its administration, this being a point only now coming to have anything like the consideration it demands and is going to have, calls for accurate observation and nice discrimination. A skilled anaesthetist, even though he habitually uses one method, does not fail to use this judgment. And remember, in choosing for the patient, the abounding importance of after-results, which are not ended with "stopping the anaestetic." Dr. Crile's work at Lakeside Hospital is significant because of the attention given to the anaesthetic and the research he has done in this is, I venture to say an important factor in his standing in surgery. This does not overlook other similarly important work of the past five years by such men as Gatch and Henderson. In explanation, the plea is for thorough observation and an individualizing in fitting the means to the end, the end being, moreover, not simply getting the patient off the table after keeping him quiet for the time, but getting results just as nearly ideal as possible.

Dr. Francis H. Glazebrook, Morristown: I want to emphasize what Dr. Pinneo has said. It is very difficult to present such a subject in a limited amount of time and a great deal of matter had to be skipped through in a hurried way. My idea in presenting this paper was to call attention to some of the most common discomforts of the operative patient and to try and call a halt on the unnecessary part of said discomforts in hospitals. Dr. Marcy has certainly shown that there is a vast difference between the home treatment of patients and the hospital treatment, and what I ask is to see if we can't get home and hospital a little nearer together. I have no doubt that if we should ask those present in this room the five questions presented in this circular letter, that there would be many on both sides of the question; it would depend entirely on the practice of each man. And I believe this practice is followed largely on the suggestion of some one else.

This is clearly shown in my answers under "D" question 5, asked what effect this "hypo" has on shock, 59 of these gentlemen—and they were the first surgeons of this land—say the effect is good, seventeen say it is bad.

In regard to the respiratory apparatus, 26 say it's effect is good, twenty say it is bad, and fifteen say it has no effect at all, and so on. Now these surgeons are pretty generally in the same class and have equal opportunities for observation, yet consider the diference of opinion—that's the answer. Most of the men who have really investigated this matter have come to the conclusion that such drugs should not be used either before or after operation without possitive indications.

I call your attention again to the fact that only 46 surgeons of this entire number acknowledged that they have given this question serious personal investigation. I am convinced from my experience, which is small compared to such surgeons, that the routine use of the "Pre-anaesthetic Hypo" and the standing order for morphine post-operatively is absolutely unjustifiable. I don't want those drugs stuck into my circulation without positive indication, and I don't think that I have a right to stick them into others except under the same conditions.

An elective Caesarean operation is much to be preferred to a difficult craniotomy and, in many instances, to a hazardous high forceps delivery. Results are better where the uterus is incised high up in the median line but not removed from the abdomen. The application of an elastic ligature around the lower part of the uterus to prevent hemorrhage during the operation is a relic of the past; it usually increases the bleeding.—Ralph Waldo.

By far the best local anesthetic to use in operations on and about the rectum is a one-fifth of one per cent. solution of cocain. This enables one to use fairly large quantities with no danger to the patient. Always have the solution freshly prepared. The number of rectal operations that can be performed under cocain is limited.—Jerome Wagner.

Clinical Reports.

DR. FRANK D. GRAY'S CASES.

CHRIST HOSPITAL, JERSEY CITY.

Early Ectopic Gestation.

Mrs. C., married one and one-half years; never pregnant; general health good, consulted me on account of metrorrhagia of one month's duration. She had for nearly all of that time been under the care of a well qualified general practitioner who had considered the case one of endometritis. Treatment had been constitutional with some local applications. The flow, while slight in quantity, had been persistent; no other symptoms.

A few days before I saw this patient her physician had left the city for his vacation, advising her to consult me early in the following week if the metrorrhagia did not cease. I elicited in the course of the history that on the day she presented herself there had been some shreds in the discharge. There was no history of a missed period nor other symptoms suggesting pregnancy. The bloody flow had followed immediately on her last menstration.

The facts, however, that there had been a persistent slight bloody flow for several weeks, eventually containing some shreds and that she had been married a year and a half without pregnancy, though desiring a child, led me to suspect the possibility of ectopic pregnancy. Vaginal examination disclosed a uterus of normal size and position with a small slightly tender mass in the region of the right tube. Rectal temperature was 100.5.

The obvious diagnosis lay between a pus tube and ectopic gestation—of which the latter seemed more probable. This patient's visit to my office was in the late afternoon and I advised her to go to the hospital that evening for operation the next morning.

Her pre-operative condition was excellent. Temperature normal; no pain nor evidence of concealed hemorrhage. Abdominal incision revealed the right tube distended by a hematoma to the size of a small egg but unruptured. There was, however, a considerable quantity of fresh blood in the peritoneal cavity due to a beginning tubal abortion, although there had been absolutely no constitutional evidence of hemorrhage. Removal of the ectopic pregnancy was followed by a prompt and uneventful recovery.

The interesting features of this case were: first, absence of several of the classic symptoms of ectopic gestation, and second, complete lack of any signs of blood loss, in face of the fact that there was a considerable concealed hemorrhage.

The more one sees of these cases, the more is he impressed with the importance of following up the slightest suspicious clue pointing to ectopic gestation. Even a history of a very recent intra uterine abortion should not preclude the possibility of a coexistent (twin) tubal pregnancy, two such cases having come under my observation within the past two years.

Mammary Carcinoma.

The following case has impressed me with the fruitlessness and, I may even say folly, of undertaking operation on very advanced cancer of the breast—or for that matter such condition in any location.

Mrs. H., married, aged 61, presented herself with a growth beginning at the upper segment of the mammary gland extending into the pectoral muscles, which were densely infiltrated and of a plaque-like hardness reaching continuously into the axilla, which was filled by the mass. There was also a bunch of infiltrated supra clavicular glands the size of a small egg. Patient had first noticed the growth about a year previous to consulting me.

On account of the extensive glandular involvment and cachectic appearance of this woman, I strongly discouraged operative interference, but although the patient had neglected any radical procedure for at least a year, she now insisted in spite of my advice to the contrary, and I acquiesced, under protest. The breast, pectoral muscles, axillary and supra-clavicular glands were removed. The operation was not unduly prolonged and the only complication consisted in accidentally nicking the axillary vein while removing the closely adherent cancerous glands. Even with this the total blood loss was not unusual. The patient was in fairly good condition when removed from the operating table and recovered consciousness within an hour, but signs of cardiac failure soon set in and in spite of all supportive measures she died about eighteen hours after operation.

This is the first case of *operative* mortality from breast amputation in my surgical experience of over twenty years, including an average number of such cases, and my protest against operating in this particular case was not due to a fear of im-

mediate fatality but to the certainty of early recurrence. There probably is, in a considerable percentage of these advanced cases of carcinoma, a general toxaemia with myocardial involvement which we often do not take into account as predisposing to operative mortality.

In connection with the subject of breast cancer I am impelled to emphasize the importance of a technic which will obviate the troublesome swelling of the arm and the prolonged period of its functional disability so frequently seen.

Murphy's proposition to cover the axillary vessels with a muscular pad, from the pectoral, lacks the element of entire safety, as the above case shows that the muscle and not merely its aponeurosis is sometimes involved. Experience has proved that re-formation of the axillary pit by tucking the skin flaps well up into the vault of the axillary by loose gauze packing and subsequently keeping the arm extended at right angles to the body, or even above that level, gives perfect results as regards the sequellae referred to.

Two of my recent cases have shown perfect function of the arm in all directions, with no swelling, by means of this technic, at the end of a week after operation.

DR. NORTON L. WILSON'S CASES.

ELIZABETH, N. J. HOSPITAL.

Lamellar or Zonular Cataract.

Human cataracts may be divided into two large groups: the acquired and the congenital. The commonest form of congenital cataract is the lamellar or zonular cataract which is illustrated by the following cases:

A boy eighteen months old was first brought to me because his mother thought he did not see well. A round gray opacity surrounded by a transparent marginal portion was seen by oblique illumination in the lens of each eye. It was more marked in the left eye. The opacity was greatest at its margin. In the right eye this became so dense that only light was perceived and at the age of four years I needled it and obtained by absorption of the lens fairly good vision.

The other case was a boy three years of age who was brought to the hospital with convulsions and upon examination I found he had congenital cataract. The same happy result was obtained in this child, both eyes being operated and both having sight restored. He wears his glasses and is now learning his letters.

No secondary operation was required in either case.

Tumor of the Eye-Ball.

Dr. Wilson also reported the following:

I was called to see a new-born babe with a tumor of the eye-ball about the size of a hickory-nut, of which the pathologist says: "The new-formed tissue presents the characteristics of a so-called neuroblastoma, probably originating in the retina, as remnants of the rods and cones layer can be made out."

The eye-ball was enucleated last May, when the child was two weeks old. In August it began to have convulsions and died during September.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular October meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Friday evening, the 9th. The following members were present: Drs. Bullock, Conway, Carrington, Clark, Darnall, Davis, Frisch, Guion, Garrabrant, E. H. Harvey, Ireland, Jonah, E. Marvel, P. Marvel, Rulon, Stern, Snowball, Shivers, Sharp, Stewart and Williams. On motion all visitors were made members for the evening.

The matter of the proposed trip to inspect the Vineland Home for Feeble-Minded Children, which inclement weather prevented the society from taking last spring, was again discussed and a committee appointed to make arrangements for the society to go this fall. The same committee was also given authority to arrange for the "Fall Outing" at the Northfield Country Club and for the society, sometime in the near future, to visit the Home for Epileptics, at Skillman, N. J.

The Board of Censors reported favorably on the names of Elizabeth Wright, M. D., and Homer I. Silvers, M. D., who were elected to active membership. The name of Dr. Clarence Andrews was proposed for membership and was referred to the Board of Censors.

The Committee on Sanitation and Public Health, Dr. W. Blair Stewart, chairman, in referring to a newspaper article published recently in one of our local papers, offered the following resolution:

Whereas, one of our daily papers published the sensational statement of one, Charles W. Egan, made before the American Humane Association, in session at Hotel Rudolf, viz.: "I am told that it has reached the point where they are vivisecting human beings. I have been informed on good authority that recently a number of doctors went to an orphan asylum and there took 300 poor, little children as subjects. These children were innoculated with the virus of a loathsome dis-

ease, and out of their number fifty are now occupying graves in potters' fields."

Resolved, that this society protests this statement as being loosely made, without evidence of proof, and without naming the institution and its location. And further, it is our belief that the said statement is not only false and misleading, but is liable to influence public sentiment against the proper methods of investigating the cause and cure of diseased conditions.

Resolved, that the Atlantic County Medical Society make full investigation of the premises upon which this statement was made and give full publicity to its findings."

This resolution was passed unanimously.

Dr. Milton S. Ireland exhibited a very interesting case of hip-joint disease, which had been treated by the "Lorenz method" and which resulted in a perfect recovery. X-ray pictures and plates were shown, demonstrating the dislocation before, during and after treatment.

Our society was honored at this meeting by the presence of Dr. Frank D. Gray, president of the New Jersey State Medical Society, who spoke briefly on the advancement of the welfare of our State and component societies. He strongly urged thorough organization, having for its object the promotion: First, scientific work; second, social intercourse; third, medical economics. Dr. Gray thinks it should be considered a privilege by members, that they have the opportunity to prepare and read papers before the society. The one who prepares the paper is the one most benefited, the benefit derived by the listeners being only secondary. He urged drifting from formal papers to practical demonstrations and discussions.

In advising the promotion of social intercourse, Dr. Gray said that the "Outings," such as we have already inaugurated, social functions and visits to institutions, etc., not only promote good fellowship, but also tend to bar factions and machines.

The subject of Medical Economics, Dr. Gray said, is two-sided: First, whatever goes towards the betterment of the profession, and, second, the duty of the physician to the public along the lines of education and hygiene.

The first has not been as yet taken care of. Medical defence for subscribers of "The Journal" is the only thing which has been done along this line. That which is yet to be accomplished includes the curtailing of the abuse of medical charity. One hundred thousand dollars is lost yearly by the physicians of our State. This amount should be collected and could be, if the physicians would get together and present a solid front, and in doing this, they would not have to neglect in any way deserving charity. Lowering of fees, splitting of fees, etc., are other points to which we should give attention.

Dr. Gray advocated the establishment of a bureau of economics and thinks it should be established along strictly business lines, whether under direct jurisdiction of the State society or not, it matters little, but a solid front must be shown and the initial step to this end, he thinks, is a "New Member Crusade."

The scientific program was opened by Dr. George Ross, of Philadelphia, who read a most interesting paper on "Perforated Gastric Ulcer." Dr. Ross placed much importance on the history of these cases and thinks that chronic gastric dyspepsia is practically always the result of an organic lesion. When the ulcer perforates there is an acute, excruciating abdominal pain and marked rigidity of the upper recti. The patient is very ill, what Dr. Ross terms "Hard Hit," and vomiting may occur. The abdomen may first be scaphoid and then marked distention may follow, tenderness at this time being diffuse.

With such a history and accompanying symptoms, there should be no question about the diagnosis and operative intervention is imperative. Of course, the condition must be differentiated from other conditions which it may simulate, such as appendicitis, acute intestinal obstruction, acute pancreatitis, ruptured gall bladder, etc., all of which may be confused with perforated gastric ulcer, but the history in the latter condition would probably differ greatly from that obtained in connection with the former conditions.

Having come to a conclusion with regards to the diagnosis, the abdomen should be opened and the fluid sponged away. If an abscess is found it may be necessary to simply drain without even looking for the perforation. This, however, will rarely happen. The perforation should be found and closed, and it should be kept in mind that there is a possibility of multiple perforations. After closing the perforation, if the patient is in a very good condition, a gastro-enterostomy may be done, thus giving the patient the benefit of a better permanent result. If, however, the patient is not in a condition for this additional procedure, which is usually the case, it is advisable to get in and out of the abdomen as quickly as possible.

In draining these cases Dr. Ross uses a glass drainage tube in the lower end of the incision and possibly a second, cigarette drain, in the upper wound. Proctoclysis is ordered, morphine within limits and gastric lavage if there is a tendency to persistent vomiting. Such cases, if seen fairly early, usually get well.

This paper was discussed by Drs. Darnall, E. Marval, Gray, P. Marvel and Ross.

Following the paper of Dr. Ross, Dr. Thomas McCrae, of Jefferson Medical College, Philadelphia, delivered a very interesting and instructive oration on, "Some of the Newer Problems of Internal Secretions." Dr. McCrae said, in brief, that in a discussion of this subject, recently with Dr. Harvey Cushing, of Baltimore, the latter expressed himself as believing that the laboratory had about finished with its part of the work and from now on, what will be accomplished along these lines will be through clinical study.

"There are two distinct views regarding the problem of the internal secretions," said Dr. McCrae, "the first school holding that one gland is responsible for certain definite disorders, and a second following, who hold that more than one gland is responsible." Dr. McCrae is inclined to think with the latter school, believing that under normal conditions, one or more of one group equalizes or counterbalances one or more of another group. The whole human body seems to be made up of just such a mechanism, for ex-

ample, in the vascular system we have the vaso-dilators on the one hand, and the vaso-constrictors on the other, the one seemingly working in direct antagonism to the other; in the intestine, muscle tone versus peristalsis; adrenals, pancreas, etc., always one tending to equalize the other with the possibility that one or another may upset the balance.

In conditions attributed to grandular disturbance there may be more than one gland upsetting the balance. This is called "polyglandular disturbance" and in seeking to correct it, first one, then another of the glandular extracts must be tried, or, perhaps, by using a polyglandular extract the proper balance may be regained and the case improve.

Dr. McCrae cited numerous cases, giving briefly the history, diagnosis as far as one could be made out and treatment of each, demonstrating how, for some reason, the glandular extract of one variety would result in improvement for a short time only, when another variety would have to be resorted to, and so on until the proper equalization was realized.

Discussion by Drs. Philip Marvel, Gray and McCrae.

BERGEN COUNTY.

Fred S. Hallett, M. D., Reporter.

The annual meeting of the Bergen County Medical Society was held at the Union League Club, October 13th, at 2 P. M.

The president, Dr. Edwin Holmes, occupied the chair; 40 members were present.

New members elected: Dr. Harold T. Walker, Wyckoff; Dr. Wm. S. McDannald, Tenafly.

Officers elected: President, Frank Freeland; vice-president, H. C. Elsing; secretary and reporter, F. S. Hallett; treasurer, E. K. Conrad; permanent delegates, Charles Calhoun, F. S. Hallett.

After the business session the society adjourned to the Lederle Laboratories at Pearl River, N. Y., where we received a royal reception and enjoyed the following scientific program:

1. Bleeding of Immune Horses.
2. Refining of Antitoxin.
3. Removal of Spinal Cord from rabbit in production of Rabies Vaccine.
4. Vaccination of Calf in production of Small-Pox Vaccine.
5. Preparation of Bacterial Vaccines.
6. Fifteen minute paper on "The Relation of Immunology to the Practice of Medicine."

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The regular quarterly meeting of the Burlington County Medical Society met at the Washington House, Mount Holly, on Wednesday, October 14.

Dr. Stewart Maul, of Riverside, and Dr. Harold Langsdorf, of Mt. Holly, were elected to membership.

Dr. Charles S. Barnes, of Philadelphia, read a paper on "Dangers and Contra-Indications of Uterine Curettement."

The paper was discussed by the society and formed a very interesting subject.

Dr. Frank D. Gray, president of the State Society, visited the society and spoke to us upon "Medical Economics."

Dr. Philip Marvel, of Atlantic City, was another guest.

After dinner the society adjourned to meet next in the annual meeting in January.

CAMDEN COUNTY.

Annual Report 1913-1914.

Albert B. Davis, M. D., Reporter.

During the past year the Camden County Medical Society has held the usual four regular meetings. The first, or annual meeting, was that of October 14th, 1913. It was called to order at noon in the usual meeting place by the retiring president, Dr. J. K. Bennett. His address and the election of officers were the order of the day. Dr. Bennett made the subject of his address "Cases and Topics of General Medical Interest." The address was received with much favor by the society.

Dr. Edmund E. Read, of Camden, appeared before the society as a member of a commission to investigate the subject of insanity and submitted some questions to be considered by the society and requested any recommendations that the society saw fit to make. The questions related to the adequacy of provision for the insane, present and future. They were referred to the legislative committee for consideration and report. The committee in their report brought out in the main the following points: Tho lack of official figures, it was generally considered that the institutions for the insane were overcrowded and inadequate to care for all cases; that insanity is largely preventable, that alcohol and venereal disease account for the great majority of cases, and that strict regulation of these evils would eventually eradicate great numbers of cases and obviate increased provision for such in the future.

The following officers were elected:

President, Dr. Joseph L. Nicholson; vice-president, Dr. Edward A. Y. Schellenger; secretary, Dr. Daniel Strock; treasurer, Dr. William H. Pratt.

The winter meeting was of an especially interesting and instructive character because it was held at the State Institution for Feeble-Minded Women, at Vineland. The date was Tuesday, December 19th, at 2.30 P. M. For the valuable opportunity of studying this excellent institution and also the model Home for Feeble-Minded Children, just across the way, the society is indebted to the superintendent, Dr. Madeleine A. Hallowell. The program included the inspection of the institution and patients in the various departments, a clinic, demonstrating the grades of patients and their training, with discussion of the cases presented and finally a most enjoyable informal supper.

The February meeting was as usual chiefly given over to social entertainment. It was held on February 10th, at 8 P. M. A brief business meeting was first held at which the membership of Dr. Duncan W. Blake was received on transfer from the Cape May County Society. After a little routine business the society adjourned to the upper floor where, in company with the ladies, was spent a very enjoyable social evening.

Last, but by no means least, came the spring

meeting, which in deference to shad season and that desire to get back to nature which spring seems to engender in us, was called to order at Kugler's Mohican on the Delaware, Tuesday, May 12th. Two new members were elected at this meeting, Dr. Bernard L. Sellmeyer and Dr. P. Starr Pelouze. Dr. John K. Bennett was elected permanent delegate to the State Society, to fill the vacancy caused by the death of Dr. W. A. Davis. The proposal to hold all meetings at 8 P. M. instead of noon, which came up for final decision at this meeting, was strongly voted down. A communication from the American Red Cross Society was received requesting the appointment of a committee from the county society to act with the National Red Cross on any occasion when such services might be required. The following committee was appointed: Drs. E. B. Rogers, A. S. Ross, E. C. Pechin, with the president and secretary of the society as members ex-officio. After the business meeting the society did ample justice to an excellent planked-shad dinner.

The above were the regular meetings held during the year, but, we are sorry to say, do not include all. There were two other meetings of the kind which we prefer not to hold. On December 19th a special meeting was called to pass appropriate resolutions on the death of Dr. E. L. B. Godfrey, and on January 14th another meeting to act on the death of Dr. J. S. Baer called the 21st. The sudden death of these men, in connection with that of Dr. W. A. Davis last year, deprives the society of the association and inspiration of three men who embodied the best of former days and whose characters and achievements will, in many respects, never be excelled. None of us can measure the benefit their active lives were to this society or the extent to which they advanced the welfare of the whole community. We do know that the whole community is indebted to each of them for some very substantial advance in public welfare. This is not the place to attempt even a resume of their achievements. We can only say that all were active in good works to the last.

Others of us have felt the near approach of the grim reaper, and we all sympathize deeply with the great loss experienced by our secretary, Dr. Strock, in the death of his wife. We, however, rejoice in the recovery of our president, Dr. Nicholson, who has himself nearly passed through the "valley of the shadow," and we trust he may be spared many more years of useful activity among us.

It seems worthy of mention in passing that there has been a great dearth of scientific papers during the year. Though there has been a considerable amount of business done by the society and doubtless much has been accomplished, it seems, however, that more matter of scientific interest might with advantage have been squeezed into the programs.

In the prize essay contest of the State Society for essays on the "Reduction of Infant Mortality," a member of this society, Dr. Grafton E. Day, received honorable mention.

This report would not be complete without mentioning especially the opening of the new County Hospital for Tuberculosis which took place Saturday, October 10th, 1914. The hospital is situated at Ancora, about twenty-five miles from Camden on the Atlantic City road. Its establishment marks a long step forward in the hygienic progress of the county, and the building and its equipment reflect great credit on the board in charge of the work. The members of the board are Dr. E. A. Y. Schellenger, chairman; Dr. J. W. Fithian and Dr. A. B. Reader, of Camden; Dr. J. I. Hoverder, of Atco, and Mr. Solly, of Berlin.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The annual meeting of the Cape May County Medical Society was held in the office of Dr. H. H. Tomlin, Wildwood, on October 6, 1914. The president, Dr. Clarence W. Way, presided and the following members answered the roll call: Drs. Tomlin, Dix. Douglass, Mace, Marshall, Mayhew, Behrman, Scott, J. Way, C. W. Way and E. Way. State Councilor, Dr. James Hunter, was also present. A large delegation of ladies honored the society by their presence and added greatly to the pleasures of the occasion. Letters of regret were received from Dr. Frank D. Gray, president of the State Medical Society; Dr. Thomas N. Gray, secretary of the State Society, and Col, Charles M. Gandy, of Washington, D. C., acting surgeon-general of the U. S. Army, all of whom expected to be present, but were detained by pressing engagements and official business.

The annual dues were increased to $7.00 per year, made necessary by the extra assessment for medical defense and increased local expenses.

The following officers for the year 1915 were elected: President, Dr. Emlen Physick, Cape May City; vice-president, Dr. S. Dixon Mayhew, Wildwood; secretary and reporter, Dr. Eugene Way, Dennisville; treasurer, Dr. H. H. Tomlin, Wildwood; censors, Dr. I. P. Behrman, 1916; Dr. H. H. Tomlin, 1917; Dr. R. C. Scott, 1918; permanent delegates to the State Society, Drs. Randolph Marshall and J. M. Dix; annual delegate, Dr. Julius Way; alternate delegate, Dr. Allen Corson.

Delegates to the Camden County Medical Society: Drs. Eugene Way and W. P. Haines.

Delegates to Gloucester County Medical Society: Drs. Clarence W. Way and J. M. Dix.

Delegates to Cumberland County Medical Society: Drs. Julius Way and J. S. Douglass.

Delegates to Salem County Medical Society: Drs. Randolph Marshall and I. P. Behrman.

Delegates to Atlantic County Medical Society: Drs. H. H. Tomlin and R. C. Scott.

An address on "Medical Economics" was delivered by Dr. James Hunter, who was voted the thanks of the Society.

The further consideration of medical economics was decided on and the matter was referred to the committee on Public Health and Legislation. The Board of censors reported favorably on the following applications for membership: Dr. James Knowles, of Tuckahoe and Dr. William H. Wells, of Sea Isle City.

On motion the report was adopted and the applicants elected to membership in the Society.

At the close of the business session a collation was served and a delectable round of social festivities, arranged by the host and hostess Dr. and Mrs. Tomlin, was enjoyed by all.

An enthusiastic vote of thanks was extended Dr. and Mrs. Tomlin for the delightful entertainment given the Society.

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The annual meeting of the Cumberland County Medical Society was held at the City Hotel, Bridgeton, October 6th. It was one of the most interesting meetings that has ever been held. Dr. Leslie W. Cornwell, the president, occupied the chair. There were present Drs. H. G. Miller, J. W. Wade and Louis Kauffman, of Millville; Drs. C. M. Gray and J. A. Manzella, of Vineland; Drs. L. W. Cornwell, A. Cornwell, W. P. Glendon, S. M. Wilson, T. J. Smith and D. Oliver, of Bridgeton; Dr. E. T. Pease and S. Garrison, of Cedarville, and Dr. S. T. Day, of Port Norris. There were also present as guests: Drs. G. E. Reading and H. A. Stout, representing the Gloucester County Society, and Dr. G. W. H. Fitch, representing the Salem County Society.

The following new members were elected: Drs. Waldo F. Sawyer, John H. Winslow and Joseph A. Manzella, of Vineland, and Dr. Sherman Garrison, of Cedarville.

The case of a physician at Millville, who was under charge of practicing abortion, was discussed and it was agreed to stand by the Prosecutor of the county in prosecuting the case.

A committee was appointed to co-operate with the National Red Cross Association.

Dr. Wm. S. Newcomb, Philadelphia, Pa., addressed the Society on the Relation of X-Ray to the Diagnosis of Internal Diseases. The X-Ray is used to clear up obscure cases that have not been reached by operation or medical treatment. A series of moving pictures of the stomach and intestines is made to demonstrate the actual processes enacted The operator may look through the intestine and watch the movements. Much care and experience is required to differentiate between the various conditions. In order to conduct these obsrvations, many X-Ray plates, involving much expense, are necessary. He showed many negatives illustrating the points of the address.

A representative of the Harvey Pearce Co., of Philadelphia, Pa., demonstrated the Pulmotor. This is an instrument for resuscitating persons asphyxiated by drowning, gas, fumes and strangulation. The machine does its own thinking and regulates the pressure and flow of oxygen to the lungs. Even if a person is dead the lungs must expand and contract as if the person were alive. This may be kept up indefinitely. Commissioner of Public Safety George H. Hughes, Chief Kinkle, Councilmen Whipple and J. M. Laning were present and expressed themselves as satisfied with the workings of the instrument and the possible results to be obtained from its use. They stated, should it be endorsed by the County Medical Society, they would recommend its purchase by City Council. Dr. E. S. Corson was appointed to demonstrate it before the Council.

The visiting gentlemen were entertained at dinner by the Society

The Society will meet in Millville January 5, 1915.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society has reached the venerable age of ninety-nine years, and held its ninety-ninth annual meeting on October 6th, at the New Auditorium, Newark. The president, Dr. E. Z. Hawkes, presided. The secretary, Dr. Ralph H. Hunt, read the minutes of the last annual meeting and of special meetings held during the year. The minutes of the council meetings had been included in the above. The treasurer, Dr. R. H. Rogers, next read his report, which showed receipts of $1,235. Disbursements, $1,422.90. The Committee on Sex Hygiene, through Dr. J. D. Lippincott, reported good work done during the year, notably that under the Newark Board of Health by the Serological Laboratory of the City Hospital, Dr. H. S. Martland, chief, and the City Dispensary Clinic, Dr. H. J. F. Wallhauser, chief, in the diagnosis of syphilis by the Wassermann reaction and treatment by use of neosalvarsan with other means also. The Sex Hygiene Committee, of the Board of Health, beside directing the above work as clinical application of present knowledge on venereal diseases, has also posted widely wall cards in suitable places, instructive of the board's methods and aims. The Necrology Committee had no report. The Tuberculosis Committee none. The Committee on Care of the Insane and Other Mental Defectives, Dr. Carl E. Sutphen, chairman, made a report of progress, with very much yet to be done; first, in getting true information, and asked to be continued. A petition was spread before the members, for their individual signatures, to be sent to the County Board of Freeholders: "That, whenever any two reputable physicians legally qualified, have fulfilled all the legal requirements for the commitment of an insane patient, upon the request of these physicians, it shall be the duty of these authorities to provide transportation of the patient under proper lawful methods to their institution." A minority report was submitted by Dr. William H. Hicks, which agreed substantially with the above, but added an extensive criticism of the present wrong, unjust and often cruel method of committing a patient in Newark, whereby he is compelled to be handled by the police department, their medical officer and the police ambulance (more often the patrol wagon as if a criminal) for admission to the City Hospital and called for action, which would open the hospital to any qualified physician's request for his patient's admission there. Both reports were received and filed. The Committee on Scientific Meetings reported three meetings held with addresses by Dr. Woglom on Cancer Research; Dr. Gilman Thompson, on Occupational Diseases, and Dr. Meltzer, on Resuscitation Methods. The Committee on Milk and Other Dairy Products had no report. The Committee on Health Education made a report of activity and great success in reaching the lay public through their own organizations which assemble audiences for any health purpose and offer opportunity for a medical speaker on any topic. The Essex Trades Council and the Labor Lyceum were given fine addresses by Dr. Gilman Thompson on Occupational

Diseases by this committee's arrangement and members of the committee themselves gave addresses, five on Sex Hygiene and two on First Aid. The Committee on Legislation, Dr. Eagleton, chairman, reported taking membership, in the name of the County Society, in the Association for the Suppression of Vice and Imposture, annual fee being $100, and that the names of some illegal practitioners had been given them (by Dr. Vanderhoff). Seven new members were elected. The President's address was listened to with marked attention.

The Academy of Medicine of Northern New Jersey had at the first stated meeting of the season, on October 21, a stereopticon lecture by Dr. Paul M. Pilcher, of Brooklyn, on Chronic Gastro-Intestinal Lesions and Invalidism Resulting Therefrom and Their Treatment. At this meeting the first election to honorary membership took place. The editor of our State journal, so widely known for his hard and faithful work to build up the Journal. Dr. David C. English, of New Brunswick, whose good work for medicine in the State we wish continued success was so elected and likewise Dr. Cyrus F. Brackett, of Princeton University. The section on Pediatrics had a clinical meeting on October 1, with good attendance and an interest which augurs well for the season to come. The section on Medicine met October 13, Dr. H. S. Martland, with Dr. Philip Conlon, Dr. E. S. Sherman, Dr. C. F. Baker and Dr. W. S. Foster, gave a symposium on Arterio-Sclerosis. The section on Eye, Ear, Nose and Throat met October 26. Dr. Talbot R. Chambers read an essay on Modern Treatment of the Naso-Pharynx. Dr. F. C. Jacobson reported a case of angeioma of both orbits; Dr. Linn Emerson, Traumatic Dislocation of Lens; Dr. E. S. Sherman, Injury of Eye by Obstetric Forceps. On November 18, at the stated meeting, Dr. Miles Porter, of Fort Wayne, Indiana, will lecture on the thyroid and its diseases.

The Essex County Pathological and Anatomical Society held their first meeting of the season on October 8, with the following program:

Presentation of Cases:

1. A case of splenic tumor, with short synopsis of diseases associated with splenic enlargements, Drs. Holmes and Martland.

Presentation of Specimens:

1. Multiple diverticulitis. Specimen of metal monstrosity, twins, from fusion, Dr. Edgar A. Ill.
2. Large vesical calculus, Dr. C. O'Crowley.
3. A case of primary carcinoma of the bronchus, with clinical and pathological findings, Drs. Sprague and Van Ness.
4. A case of brain tumor, with pathological findings, Dr. Mikels.
5. A case of so-called retinal glioma, Drs. Eagleton and Comando.
6. Demonstration of Lange Colloidal Gold Test; demonstration of autopsy material, Dr. Martland or other members of staff.

The William Pierson Medical library Association of Orange entertained Dr. Joel E. Goldthwaite, of Boston, October 20, who read a paper, "The Real Significance of Visceroptosis." His well-known views on the cause of invalidism in the groups of cases presenting these symptoms were made very lucid and his analysis of two, the "carnivorous" and the "herbivorous" types of anatomy was illustrative.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hof Brau House, Five Corners, Jersey City, accommodated the initial meeting of the season of the Hudson County Medical Society, on the evening of October 5, 1914. The representation of members was the largest in many months.

Under the usual routine the minutes of May 15 and special meeting of August 14 were confirmed. The latter meeting was called to protest against the abolishment of the office of Superintendent of Health, held by Dr. Edsall.

Under committee reports Dr. F. D. Gray stated that the membership committee had met and organized the previous Monday night. The secretary took from the directory all the names bearing the title "doctor." The County Board of Health could not furnish the necessary list of M. D.'s. The Heights, Bayonne, North Hudson, Arlington, etc., were parcelled off to the committee: forty-one applicants were reported. He congratulated the committee, and the society, through them, on the fine showing made in the enlargement of the membership this year. It proved the efficacy of individual work. The State secretary has a scheme based on circularizing, but he thought we had struck the key note. The continuation of the membership committee was moved and carried.

The by-laws committee announced progress.

Dr. Henry Spence, on behalf of the legislative committee, asked that matters be presented to them in more definite form, and he urged the society to take marked interest this year in such matters as sale of cocaine, etc. He was convinced that a good bill presented in the Legislature last year was smothered in committee, because the medical men did not stick right to it, and some druggists were afraid their finances would be interfered with. We must demonstrate to the Legislature that we are really interested, and stick to our guns.

Dr. George E. McLaughlin asked if anything had been done during his absence in August in the Bayonne matter, which he considered important, and thought that Dr. Sexsmith should not let it go by the board. Dr. Sexmith, in answering, mentioned that the Bayonne Society sent a report to the Hudson County Medical Society, and that he had only discussed the matter in the meeting. The committee was appointed to act with the Legislative Committee, and it was suggested at that time that the matter should go to the prosecutor.

Dr. Swiney stated that the liability law allows the workman to collect $50 for the two first weeks' services. If one had a bill of $15 or $20 and it was presented to the firm, they would advise that if they were expected to pay it they would, at the same time insinuating that the man would lose his job. Lawyers said that the workman can collect.

Dr. J. M. Rector thought the bill could be

collected, but called attention to the fact that the joke is that the doctor is obliged to immediately report the case to the employer. Some discussion arose about the attitude of the General Chemical Company, and Dr. Sexsmith mentioned that this concern did not come under the same class as they had their men insured.

A communication from Dr. Thomas N. Gray, State secretary, was read, wherein he expressed his regret at his inability to be present.

A resolution from the Practitioners' Club was read, wherein Drs. F. D. Gray, G. K. Dickinson and T. R. Chambers were appointed a committee to confer with a committee from the Hudson County Medical Society, looking to the establishment of a permanent home for the various professional organizations of the city and county. Dr. Swinev moved the appointment of said committee.

Of the forty applicants for membership, twenty-seven were acted upon and admitted, the remainder to be taken up at the next meeting.

Dr. F. D. Gray said he was to blame—if it were wanted to be put that way—for the calling of the special meeting to take action on the matter of the Health Office. He had read in the papers that there was an antagonism against Dr. Edsall on account of his not being a resident of the county, and it seemed to him and the speaker that it was very petty politics, and awakened the suspicion that some one wanted to place a local man in the position. The resolution adopted at the meeting mentioned is still in Dr. Gray's hands. A talk he had with Dr. Edsall before the meeting resulted in the latter asserting that he felt there was no special hurry and that any time before the first of December would be all right to present the resolution. A chat with the mayor gave him the same understanding, and on another occasion the mayor reiterated the same statement. Hence, the matter remained in abeyance until Dr. McLaughlin advised the speaker that the affair had apparently been settled by leaving the salary off the budget, and it looks as if this had really been done before the meeting of the Hudson County Medical Society had been held. Dr. Gray felt the society should voice its protest against such a turn of affairs.

Dr. Henry Spence thought something definite should be done in the matter, and remarked that it was not a question of Dr. Edsall, but of principle. The Civil Service examination provided the qualifications and specifications that would bring to us a man competent to run the Board of Health. Particular attention was paid to the candidates, and the examination was open to persons outside the State. The applicants must be graduates of institutions of regular standing with degrees of doctors of public health and must have had five years' experience, or if not graduates as doctors of public health, they must have had experience and practical training equal thereto. Our Board of Health has been a joke and is still a joke. A member thereof never knows when his "head is going off." He felt the physicians of the city should protest. The Board of Health has been put back into the same chaotic condition it was heretofore. The speaker has been somewhat associated with the city's health department, and it might seem queer for him to speak as he did, but his interest was not in Dr. Edsall, but in the Board of Health.

Dr. George E. McLaughlin said that when the Civil Service was calling for men, he had a talk with two men whose past experience in health work was large and commendable, but neither of them would tackle Jersey City, as they felt the health office job could not be kept. If the present incumbent be thrown out, how much more emphatic will be the feeling, and he contended if this thing be allowed to go over our heads, we are not going to have any efficient health officer in Jersey City.

Dr. F. D. Gray desired to mention that the special meeting had been called while many members were away on vacation, and was perhaps open to some question of legality, as the notice did not specify the object for which the meeting was called. He deplored the fact that the resolution had not been presented, but did not feel any blame in the matter. He realized the organization would be remiss were the matter allowed to rest where it is, and reiterated Dr. Spence's statement that it was a matter of principle and not a personal matter. He even felt that whether the movement now would have any effect was not the question, nor was it the proposition of a head being chopped off. The man under discussion had the right qualifications for the head of the department, and any unfair discrimination should be frowned upon by the society. He asked the present gathering to ratify the previous resolution, and recommended a change in the committee to present the resolution, and voice the sentiments of the medical body.

Dr. G. K. Dickinson said now was the time to act. Dr. Gray had excellent results from the personal campaign in the membership matter, rather than by resulting to circulars, and he advocated that as many as possible should attend one of the Commissioners' meetings, and disturb that body by saying something.

The ratification of the resolution was duly carried by motion.

Dr. Hamilton Vreeland was appointed in place of Dr. Mooney, and Dr. William Freile was also added to the committee. Dr. Dickinson suggested that the secretary communicate with the Commissioners and arrange for a hearing, and have the society appear as a body. The advisability of retaining counsel in this affair was discussed, but after Dr. J. M. Rector pointed out there was no law to force the Commissioners to do anything by coercion in this affair, the motion was lost.

The election of officers was next reached, and Dr. Henry Spence rose to nominate a man who had been with the society many years; one who had always stood for uplift and progress, and one who would long since have been elected, but every one imagined he had been president before—Dr. Gordon K. Dickinson. The nominations were closed and the secretary's ballot cast. Dr. Dickinson, in responding to his election as president, reminded the society there was only one other member longer in the organization than himself, and that was Dr. T. J. McLoughlin. He recalled in 1880, when the society was nothing

more than a small club, and most of the time was spent in exploiting the weak points of each other. Now the meetings are well attended, scientific papers are presented, excellent discussions indulged in, and throughout the county, from Bayonne up, we have a number of experts who are doing things that others cannot do. Dr. Dickinson then went on to say "to be called to preside at your meetings for one year—perhaps to guide you somewhat—is an honor which is worth while. You must work, stand on your feet, and bring out the truth: come along with your papers, attack the other fellow, never personally, but his statements, looking to a threshing out of the truth, and advancement in knowledge."

Dr. C. L. De Merritt, of Hoboken, was chosen for vice-president.

Dr. Brinkerhoff was asked to continue looking after the funds of the society, and the same spirit of loyalty returned Dr. C. H. Finke and Dr. William Freile to their old jobs of secretary and reporter, respectively.

As censors, Drs. Cosgrove, Sexsmith and Spence were asked to serve.

Permanent delegates elected were: Drs. H. J. Spaulding and T. J. McLoughlin.

Dr. F. D. Gray, the essayist of the evening, had for his topic "Medical Organization."

(We regret that other lengthy reports received compels us to defer insertion of Dr. Gray's address till next month.—Editor.)

Dr. De Merritt next read his paper entitled "Chronic Gonorrhoea of the Cervix Uteri." This with discussion will be published later.

MERCER COUNTY.

Edgar B. Funkhouser, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held at the Trenton County Club, Tuesday night, October 6th, 1914. It being the first regular meeting since the summer vacation, no literary program was arranged.

After the regular business of the evening, the society adjourned to the grill room where a smoker was given by our genial president, Dr. F. G. Scammell. This was well attended and all thoroughly enjoyed themselves.

It might be added that during the past year the fraternal, as well as the literary interest of the society has not been neglected, and it is quite probable that a large attendance will be present at our next regular meeting at which time the society will hold its annual banquet.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Secretary.

A social meeting of the Middlesex County Medical Society was held at "Cedarcrest," the summer residence of Dr. Frank M. Donohue, of New Brunswick, on October 7, 1914. Forty physicians attended, among them as guests were: Dr. F. D. Gray, of Jersey City, and Dr. Thomas N. Gray, of East Orange, president and secretary respectively of the State Medical Society; Dr. Walter F. Burrows, of New York City; Dr. E. W. Hedges, of Plainfield; Dr. C. R. P. Fisher, of Bound Brook; Drs. A. L. Stillwell and T. H. Flynn, of Somerville; Dr. J. H. Cooper, of Millstone.

The members of the county society present were: Drs. Sophian, Hunt, Donohue, English, Henry, Hoffman, Lund, Brown, Rice, Saulsberry, Shull, Sullivan, Meinzer, Albright, Leigh, Gruessner, Lippincott, Gross, Condon, Silk, Hofer, Fithian, McCormick, Hay, Spencer, Howley, Scott, Merrill, Meacham, Voorhees, Carroll and Riva.

A most enjoyable and bountiful dinner was partaken of, after which several speeches were made. Dr. F. D. Gray, spoke in favor of greater interest of scientific papers and clinical case presentations with discussions, and also of the need of practical work along the line of medical economics. Dr. T. N. Gray spoke of need of practical efforts to increase our membership and of the older physicians taking greater interest in the young practitioners. Drs. Fisher, Burrows, Hedges and English gave some practical suggestions for the increase of interest in the work of the County Society that would give better organization and improve the economic conditions.

The hospitality of Dr. and Mrs. Donohue was greatly appreciated and a unanimous standing vote was adopted to which Dr. Donohue responded and gave an invitation to come to his hundred-acre farm again next year and partake of the good things it so abundantly provided.

Annual Meeting, October 21st.

The annual meeting of the Middlesex County Society was held at the Mansion House, New Brunswick, October 21st. Dr. A. L. Ellis acted as chairman until the arrival of the president, Dr. F. C. Henry.

The following new members were elected: Dr. James E. Dunn, of Franklin Park; Dr. Abraham Sophian, of New Brunswick; Dr. J. Francis Weber, of South Amboy. Dr. Charles W. Noulty, of Perth Amboy, was received by transfer from the Philadelphia County Medical Society.

Dr. Sophian suggested that the meetings of the society be held oftener and that the scientific features of the meetings be made more prominent. He urged the presentation of cases followed by discussion. Drs. Donohue, Smith and English heartily endorsed the suggestion, Dr. Gruessner suggested monthly meetings. Notice was given of a change in the By-laws for more frequent meeting, action to be taken at the next meeting.

It was voted that when we adjourned, it be to a day in November to be selected by the president. Drs. Sophian and Brown were appointed a committee to arrange a scientific program.

The following officers were elected for the ensuing years: President, Dr. M. S. Meinzer, Perth Amboy; vice-president, Dr. F. M. Donohue, New Brunswick; secretary, Dr. F. L. Brown; treasurer, Dr. D. C. English; reporter, Dr. A. Gruessner.

Drs. H. Gross, W. E. Ramsay and G. Gutmann were elected annual delegates to the State Society; Drs. Runyon, Riva and Saulsberry, alternates. Dr. Arthur L. Smith was nominated as permanent delegate. Dr. H. Gross reported some unusual cases of purpura and a discussion followed.

PASSAIC COUNTY.

Charles R. Mitchell, M. D., Secretary.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, Tuesday, October 13th, the pres-

ident, Dr. McCoy, presiding. There were present 39 members and one guest. The meeting was most interesting and was devoted to the presentation of clinical material and case reports. The patients were presented and ten minute papers were read as follows:

"Multiple Neuritis," by Dr. Lucas; "Stone in Lower End of Ureter," by Dr. Le Vine; "Cystic Goitre," by Dr. Kellar; "Endothelioma of Hand and Epithelioma of Breast," by Dr. Spickers; "Multiple Tuberculous Bone Disease," by Dr. Morrill; "Abscess of Epiglottis," by Dr. Atkinson; "Foreign Body in the Eye Removed with Magnet," by Dr. Henion; "Transient Paralysis in Child," by Dr. Marsh. These cases were discussed by Drs. Surnamer, Flitcroft, Dingman, Magennis, Mitchell, McCoy, Cox, Greengrass and Spickers.

Dr. D. R. Pal, of Paterson, was elected to membership and presented to the society as a new member.

Dr. McCoy, the retiring chairman of the Committee on Public Health and Legislation, gave an exhaustive report of the work done by his committee during the year past, in which correspondence, relating to the sentencing and failure to commit to States' Prison of Ester Coyle, convicted of abortion, was read. After considerable discussion the motion to ask our counsel to take the matter up with the trial judge and ascertain why sentence has not been carried out was passed.

An amendment to Chapter 2, Section 3, making the vice-president ex-officio chairman of the Committee on Public Health and Legislation was passed.

The retiring committee was given a unanimous vote of thanks for their persistent attention and hard work in the matter of prosecution of illegal practitioners.

The society passed a vote of thanks to Dr. McCoy for his hospitality at the September meeting.

The meeting in November will be along similar lines—devoted to the presentation of clinical material and the following members have been chosen on the committee: Drs. Harris, Flitcroft, Clay, Magennis, Gillson, Roemer, Van Vranken and Carroll.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The county society met as usual for its regular session at the Ten Eyck House, Somerville, on Thursday, October 8th, at 1.30 P. M. The meeting was called to order by President W. H. Merrill, who in the absence of the vice-president requested Dr. Buchanan to take the chair, as he was still feeling the weakness of his recent indisposition. There was a large turn out of the members, and in addition the following visitors: Dr. D. C. English, of the Middlesex County Society; Drs. B. Van D. Hedges, T. H. Tomlinson and W. H. Murray, of the Union County Society, and Dr. Runnells, superintendent of the Bonnie Burn Sanatorium. This being the annual meeting, owing to the change of law, the election of officers for the ensuing year was held and resulted as follows: President, David S. Weeks; vice-president, T. H. Flynn; secretary, L. Ely; treasurer, A. H. Dundon; reporter, J. H. Buchanan; censor, A. L. Stillwell; permanent delegate, J. Meigh, and annual delegate, D. F. Weeks. The treasurer's report showed a comfortable balance in the treasury. There being little business to transact and the speaker of the day not having yet arrived the visiting physicians were called upon for remarks. Dr. D. C. English was the first speaker and his remarks were timely and helpful. He was followed in turn by Drs. Hedges, Tomlinson, Murray and Runnells. At this junction a more or less melodious brass band in the street necessitated a halt in the proceedings and the society took a recess to watch the Somerville Fire Department march past on the way to its annual inspection. Following this interruption Dr. McGill in behalf of the committee on scientific program presented Dr. John T. Morehead, of the Post-Graduate Hospital, New York, who gave a very interesting talk on "The Transfixion Method of Treating Fractures of the Femur." He went into the subject in a simple, but thorough manner, and his remarks were thoroughly appreciated. The simplicity of the technic, together with the results obtained as shown by skiagraphs made this method of appeal to those present. A general discussion followed. After the reports of one or two interesting cases, the society repaired to the dining hall, when the banquet proved that the host, Ross Lake, had not been annoyed by the war in his efforts to obtain the best of eatables and ample quantity.

This annual meeting was the 98th of the society. Founded in 1816, it now lacks but two years of reaching the century mark. The old records, easily accessible, make interesting reading, and prove most emphatically that the old practitioners, handicapped possibly by the lack of the more modern methods of treatment and diagnosis, nevertheless held steadfast to the same general proposition, to wit; good medical and surgical work and the appreciation of a good dinner. Let us hope that both brought to those long gone the same good fellowship that they bring to those who succeed them from year to year as the society grows older. It was a pleasant meeting; may many more such be in store for the members and their ever welcomed professional friends.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter.

The annual meeting of the Sussex County Medical Society was held at the Pine Terrace Inn, Dover, N. J., on Tuesday, October 6th, 1914. This meeting was of unusual interest from the fact that it was the first attempt of this society to hold a social meeting. A committee had been appointed at the Spring meeting to arrange for an occasion of this kind, and had selected the Pine Terrace Inn. An invitation was sent to all the members to make a special effort to be present and to bring their wives and sweethearts along. Dr. F. D. Gray, president of the State Society, was present and delivered an address on "Medical Economics," which was listened to with great interest and attention. The address seemed to strike a responsive chord in the hearts of those present, for it was discussed, pro and con, by nearly every one.

Dr. D. C. English, editor of the State Society Journal, was also present and entered into the discussion with great zest. We all enjoyed listening to him and hope he will often be able to be present with us. Dr. Thomas N. Gray, secretary of the State Society, also

gave a very interesting talk. They all urged the upbuilding of the county societies, more social meetings of the profession and their families and more clinical reports of interesting cases. These three things tending to the great advantage of the profession at large and to more useful service to the public.

The regular order of business was gone through and the following were elected as officers of the society for the ensuing year:

President, Thomas R. Pooley, Jr., of Newton; vice-president, H. J. Harp, of Sussex; secretary, F. P. Wilbur, of Franklin; treasurer, E. Morrison, of Newton; reporter, H. D. VanGaasbeek, of Sussex; annual delegate to State Society, C. M. Dunning.

The meeting then adjourned for dinner. A bounteous dinner was served by mine host Munson of the Pine Terrace Inn, which was thoroughly enjoyed by all present. Speeches and social intercourse helped to make the dinner more enjoyable and pleasant.

After the dinner a picture of those present was taken by a local photographer. The day and meeting will long be remembered for the very enjoyable time had by the members, their wives and families, and also for the really able and instructive addresses and talks given by the president, secretary and the editor of the State Journal. We hope we may have more meetings of this kind and think that it has aroused new enthusiasm and interest in the meetings of this society.

UNION COUNTY.

George Knauer, Reporter.

The annual meeting of the Union County Medical Society was held at the Elizabeth Public Library, October 14, 1914, 8:30 P. M., the president, Dr. J. H. P. Conover in the chair.

Officers were elected for the ensuing year as follows:

President, Dr. H. D. Corbusier, of Plainfield.

Vice-President, Dr. M. A. Shangle, Elizabeth.

Secretary, Dr. G. L. Orton, Rahway.

Treasurer, Dr. G. Knauer, Elizabeth.

Annual Delegates to the State Society, Drs. Eaton, Stein, Banker and Ard.

Dr. F. E. DuBois, of Plainfield, was elected a member of the society.

There were present as guests, Dr. F. D. Gray, of Jersey City, and Dr. Thomas N. Gray, of East Orange, president and secretary, respectively, of the State society.

Dr. F. D. Gray gave a few remarks on the scientific, social and economic questions of the profession. These remarks were supplemented by Dr. T. N. Gray, State society secretary.

The report of the committee on legislation was given by Dr. T. F. Livengood.

Dr. J. B. Harrison read his report of the meeting of the State society.

The paper of the evening, entitled, "Vaccines," was read by the retiring president, Dr. J. H. P. Conover. There were many valuable points offered and the paper as a whole, was well received.

The paper was discussed by Drs. Schlichter, T. F. Livengood, Cladek, Keppler and Keefe.

Local Medical Societies.

Association of Hudson County Tuberculosis Clinics Physicians.

M. I. Marshak, M. D., Reporter.

Following is a report of the discussions held at the first meeting of the 1914-1915 season, of the Association of Attending Physicians to the Hudson County Tuberculosis Clinics.

Dr. G. K. Dickinson spoke of the seriousness of the tuberculosis problem. He said that the physical examination was not the main thing in fighting this disease. The other factors involved were the proper treatment and a powerful attempt to eradicate the disease. He told of the work he had seen Cohn of Prague and Muller of Vienna do in attempting to prove that tuberculosis is primarily and only a disease of childhood and essentially in the lymphatic glands. They claimed that an adult could never receive a massive enough dose of tubercle bacilli to cause an infection to ensue. They try to prove this by showing the number of husbands and wives that have been living in close contact with patients and did not contract the disease. Pulmonary tuberculosis is only a link in the chain. In treating tuberculosis patients we must remember that the patient has his life to live, his hopes and ambitions, and has a living to make, before we come to any conclusion in each case.

He then spoke of his trials and tribulations in Vienna, Berlin and Amsterdam, after the European war broke out.

He said that he was getting tired of using only rest, air and sunlight in the treatment of this disease. That they only relieved, produced latency, but did not cure. He has no doubt that tuberculosis is a mixed infection, and sees a possible cure in vaccine treatment. He said that if Cohn and Muller are right, we must attack the tubercle in the glands and it can not be reached by rest, sunlight and air.

Dr. B. S. Pollak said: In glandular tuberculosis, Cohn and Muller have established the fact, that tuberculosis starts in these glands and is always early; also that every glandular case has some pulmonary lesion of a quiescent type. In diagnosis we must be especially careful not to miss these glandular cases, because they might flame up at any time, with bad results on our patients. A proper history, a Von Pirquet and X-ray, will show these glands up, when physical examination don't show anything. In speaking on rales, he laid emphysis on the fact that not all rales are due to tuberculosis. He also spoke of the value of sunlight on tuberculosis wounds, and the value of tuberculin in the treatment of tuberculous glands.

Dr. H. W. Brown said that after much work and thought on the subject, he had come to feel that the tonsil is an important portal of entry of the tubercle bacillis. 40 to 50 per cent of the tonsils of children of tuberculous families, who have pulmonary or gland tuberculosis, or who give the Von Pirquet reaction, show some evidence of the entrance of the tubercle bacillus.

Dr. W. H. Axford said that he frequently

finds evidence of bronchial or mediastinal adenitis, when examining apparently non-tuberculous children for fractured ribs or for spinal curvature.

BAYONNE MEDICAL SOCIETY.

Martin I. Marshak, M. D., Reporter.

The first regular meeting of the Bayonne Medical Society for the year of 1914-1915 was held at the Elk's Club on Monday, September 21, 1914.

Drs. G. K. Dickinson, B. S. Pollak of Jersey City, and Dr. McKechnie of New York, were the guests of the evening.

The following cases were reported and discussions held thereon:

By S. R. Woodruff: A case of gonorrheal rheumatism cured by drainage of the seminal vesicles. This case had the usual treatment for six months, including vaccine therapy. Came to him having six joints involved. Forty-eight hours after drainage all pain had disappeared. He is still draining after four weeks. By draining the vesicle the focus of infection is drained. By the usual massage, the vesicle is not properly emptied, and many times the duct itself may be blocked.

By Dr. G. H. Sexsmith: A case of chronic appendicitis. For the last few years the patient had indefinite pains in the abdomen, and a few typical attacks. On liquid petrolatum and a strict diet he would gain weight and feel fine, but as soon as he went back to his regular diet he lost ground. On operation today, Dr. Axford, having made a diagnosis by X-ray and bismuth meal, of the adhesions and angulations and using gas oxygen, novocain anesthesia of Crile, found the appendix bound to the brim of the pelvis, the ascending colon bent back on itself in two places and bound by bands, the transverse colon was attached to the upper part of the ascending colon by bands, forming a very acute hepatic angle.

During the last eighteen years he has never seen a case of compound fracture which was nailed, or plated immediately, which has not given trouble. Always wait until the compounding is corrected, so that we have practically a simple fracture to deal with.

By Dr. W. W. Brooke: A case of biliary fistula of nine months standing. One month after her first operation she had expelled some stones. One month ago she was operated on and three stones were found, one being in the common duct. The patient is now in good condition.

Three cases of scarlet fever in one family. Two cases died a few hours after the onset, no diagnoses having been made. The third died the following day. Two days later the mother developed typical scarlet fever, which gave him a clue to the diagnosis.

A case of duodenal ulcer: A few months ago operated on this case and found some adhesions around the appendix and upper abdominal zone. These were corrected and patient gained for a few months. He then lost rapidly and on second operation found a great mass of adhesions and ulcer of the duodenum. A gastro-enterostomy was then done with a good result. Patient has gained forty-five pounds since the operation.

By Dr. M. A. Swiney: Reported a case of a colleague who had suffered for the past six years with indefinite pains in abdomen, which had been diagnosed as chronic appendicitis. Since last fall had lost weight and had vomiting spells, lasting from fifteen to twenty minutes, every twenty-four hours. There was a slight rigidity of the right rectus, but no point of tenderness. On operation a large ulcer was found in the middle of the lesser curvature. The ulcer was excised. The next day the stomach ballooned up and after four days nothing passed through the stomach. A jejunostomy was done and the patient made a good recovery. Has gained forty-four pounds since the operation.

A case of blood and pus in the feces of eighteen years standing. This came on in attacks two or three times a year. Has pain with tenesmus fifteen to twenty times a day, passing about eight ounces of pus and blood each time. These attacks usually last about three days. The temperature was 101½, the pulse 110. A proctoscopic examination showed the rectum studded with white ulcers about the size of split peas, regular in outline but not very much depressed. A Von Pirquet was positive. Intestinal antiseptics and high rectal irrigations were given with no result. The blood picture at this time showed Hb. 64 per cent, with four million red cells. The feces were practically pure pus and blood. On operation the large intestine to the hepatic flexture was three times as thick as normal but showed no polypi. A caecostomy was done. Second day after the operation no blood was found in the irrigation return. After three months the return was absolutely clear. The case was probably chronic hemorrhagic colitis.

Dr. W. W. Riha: A case of pyelitis in a female child three months old. The temperature was 104 to 106. The urine examination showed pus cells. Hexamethylene in conjunction with sodium benzoate was given and in one week the temperature came down to normal. He wished to lay special emphasis on the fact that despite the high temperature, children with pyelitis play around very nearly as usual.

Dr. W. H. Axford: A case of a man who shot himself above the eye. The bullet entering above the orbit. A decompression operation was done but the bullet was not found. X-ray examination showed fragments of lead about the size of pin heads as far as the fissure of Rolando.

Dr. B. S. Pollak: Spoke of combining vaccine and tuberculin in the treatment of far advanced cases of tuberculosis. He said he uses old tuberculin, starting as low as 1-10,000,000 Mg. He reported a case of a patient whose sputum showed large quantities streptococci and staphylococci in conjunction with the tubercle bacilli. An autogenous vaccine was made from the sputum. He has been receiving this for the last few months and has improved wonderfully. He also spoke of the use of combined vaccine and tuberculin in cervical adenitis as well as in other glandular involvment. He mentioned the fact that he was using direct sunlight on tuberculous wounds with good results.

Dr. G. K. Dickinson delivered the discourse of the evening on "The Man Behind the Gun, or the Character and Personality of the Physician." As he is now editing my report of his talk, I will send it to you in time for the November issue.

Clinical Society of Mountainside Hospital, Montclair.

William Nelson Harrison, Secretary.

The regular meeting of the Clinical Society of the Mountainside Hospital, Montclair, was held at the hospital, Thursday evening, October 1st, 1914, the president, Dr. F. C. Hubbard in the chair. Fourteen members were present.

Dr. James S. Brown made an address, relating his experiences in Europe during the past summer, describing his visit to and the work done at the clinics of Bier and Israel in Berlin, at Carlsbad and Sir Arbuthnot Lane and Sir Berkeley Moynihan in England.

Dr. James T. Hanan gave some "Reminiscenses of London," reviewing the sessions of the Surgical Congress, and the cases and methods observed at St. Thomas's and other London hospitals. A committee was appointed to arrange for the presentation of a portrait of the late Dr. John H. Love, founder of the Mountainside Hospital, to the hospital, to be hung in the staff room of the new hospital building.

After adjournment the society was entertained by the new president.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The annual meeting of the society was held at the Canoe Brook Country Club on Friday, September 26, 1914, at 7.30 P. M. Instead of a regular scientific meeting, the society enjoyed the annual dinner, which had been postponed from June. The dinner was the largest on record, every member of the society being present and also Doctors Ehlers and Bramley of Summit, and Dr. Morris of Springfield —a total of twenty-four covers.

The menu had been prepared with great judgment by the Dinner Committee and the delicious viands were admirably spread before us by the capable steward of the club on a large round table decorated with Autumnal flowers and leaves.

After the dinner the business session took place. Dr. Lamson was elected secretary to succeed himself. Dr. Watson B. Morris, of Springfield, was nominated for membership by Dr. Lawrence, there being one vacancy in the society. It was unanimously voted to hold the annual dinner in September of each year, instead of June. A few informal speeches were made by Doctors Lamson, Prout and Moister, and after a few carefully censored stories were told by others present, the meeting adourned. It was the unanimous feeling that this dinner was by far the most enjoyable the society had ever held.

Other Medical Societies

Society of Surgeons of New Jersey.

A clinical session of this society was held at Christ Hospital, Jersey City, October 21, 1914, with the following program:

Dr. Henry Spence: (1) Fractured Patella; (2) Salpingitis and Gynecological Operations.

Dr. Frank D. Gray: (1) Umbilical Hernia; (2) Inguinal Hernia; (3) Amputation of Leg; (4) Skin Grafting.

Dr. Gordon K. Dickinson: (1) Uterine Prolapse; (2) Appendectomy; (3) Stomach Case.

Dr. W. Homer Axford, radiologist to Christ Hospital, demonstrated X-ray work at that institution.

And adjourned meeting of the society was held in the afternoon for the election of members and other business.

Dr. Edward Staehlin, of Newark, is president, and Dr. G. N. J. Sommer, of Trenton, is secretary of the society.

Medical Club of Philadelphia.

This club on Friday evening, October 16, entertained as their guest, Major General Leonard Wood, U. S. A., at the Bellevue-Stratford Hotel, Philadelphia. There were present the following New Jersey physicians: Drs. Thomas Hughes, Emery Marvel, Daniel Strock, Alex. McAlister, Grafton E. Day, E. B. Rogers, H. I. Goldstein, H. F. Palm, J. E. Roberts, Edw. McConaghy, Thos. Lee, J. W. Marcy, C. H. Jennings, J. W. Fithian, Alex. Marcy, Jr. and others.

Dr. Alexander McAlister, of Camden, was nominated for first vice-president of the club.

American Public Health Association.

The forty-second annual meeting of the American Public Health Association will open at Jacksonville, Fla., on November 30, 1914, with registration in the afternoon and the presidential address in the evening.

Headquarters.—The official headquarters for the meeting is the Seminole Hotel.

Entertainment Program. Dec. 1; Trip on the St. Johns River, with a buffet luncheon. December 2: Assembly Ball for the members and their guests. December 3: Musical Tea for the ladies, at the Country Club. There will also be opportunities for side trips, visits to neighboring orange groves, to Atlantic Beach, second only to Ormond Beach, to St. Augustine, only an hour distant, and to the famous Ostrich Farm, etc.

Southern Health Exhibition. In connection with the annual meeting of the American Public Association at Jacksonville, a Southern Health Exhibition will be held which will show what every State in the entire South is doing for the conservation of health in all its branches. Because you have been accustomed to hear of a general need of more public interest in sanitary conditions, it will surprise you to see what astonishing things many of the leaders have accomplished in the South.

The scientific program issued gives promise of an exceedingly interesting and profitable annual meeting.

American Association of Obstetricians and Gynecologists.

This association held its twenty-seventh annual meeting at Buffalo, September 15 to 17, and elected the following officers: President, Dr. Charles L. Bonifield, Cincinnati; vice-presidents, Drs. Asa B. Davis, New York City, and K. I. Sanes, Pittsburgh; secretary, Dr. E. Gustav Zinke, Cincinnati; treasurer, Herman E. Hayd, Buffalo, and executive council, Drs. John W. Keefe, Providence, R. I.; Xavier O. Werder, Pittsburgh; Miles F. Porter, Fort Wayne, Ind.; Louis Frank, Louisville, Ky.; Charles N. Smith, Toledo, Ohio, and Hugo O. Pantzer, Indianapolis.

American Association for Study and Prevention of Infant Mortality.

The fifth annual meeting of this association will be held in Boston, November 12-14. The program will include sessions arranged by the committees on nursing and social work, pediatrics, vital and social statistics, obstetrics and public school education. Among the subjects to be discussed are included prenatal care, the need for increased and improved maternity hospital service, institutional mortality and continuation schools of home-making. The sessions will meet at the Harvard Medical School and at the Copley Plaza Hotel. Special clinics and an exhibit will be held in connection with the meeting.

New York Skin and Cancer Hospital.

The governors of this hospital have announced the following course of lectures by Dr. L. D. Bulkley, on Wednesday afternoons at 4.15 o'clock:

November 4, Nature of Cancer; November 11, Frequency and geographical distribution of Cancer; November 18, Metabolism of Cancer; November 24, Relation of diet to Cancer; December 2, Medical Treatment of Cancer; December 9, Clinical Considerations.

Each lecture will be preceded by a half-hour clinical demonstration of dermatological cases. These lectures will be free to the medical profession, on the presentation of their professional cards.

American Roentgen Ray Society.

At the annual meeting of this society held in Cleveland, Ohio, September, 1914, the following officers were elected: President, Dr. Alfred L. Gray, Richmond, Va.; vice-presidents, Drs. W. H. Stewart, New York City, and D. R. Bowen, Philadelphia; secretary, Dr. Willis F. Manges, Philadelphia; treasurer, Dr. Leonard Rey, Buffalo, N. Y.; member of executive committee, Dr. H. W. Van Allen, Springfield, Mass.

Essex County Society Action on Compulsory Vaccination.

The Essex District Medical Society, composed of 392 members of the medical profession of Essex County, look with anxiety and fear upon a movement to abolish compulsory vaccination in our public schools.

While there is no small-pox in this neighborhood just now, there is a constant menace from the nation south of us where preventive vaccination is practiced by the more educated classes only, and, for that reason, small-pox is a constant visitor.

Then also there is the menace from our European immigrations greater now than ever, because of the war.

We would urge Boards of Health and School authorities not to relinquish their vigilence and we would at the proper time remind them of this admonition.

The committee move that this memorandum be inserted in its minutes and a copy signed by the President and Secretary be sent to the various Schools and Health Boards of the country.

Edward J. Ill, Thos. W. Harvey,
Committee.

No More Physicians or Surgeons Needed.

The American Red Cross announces that there are now on file 2,000 applications from reputable American physicians and surgens in the European war zone and that no more physicians are needed.

Donation of Chloroform.

A donation of $4,000 worth of chloroform has been received by the British Red Cross from an American donor.

Roentgen and His Famous Gold Medal.

It will be remembered that soon after the famous discovery by Roentgen of his marvellous X-rays, the Royal Society of Great Britain acclaimed him as a magician and rewarded his discovery with a magnificent medal of gold, valued as mere metal at about $300. We now learn with much regret that disgusted, amazed, and outraged at the infamous manner in which England has assaulted Germany, Roentgen will have nothing more to do with the magnificent medal, but has thrown it away in disgust as so much money to be distributed for the benefit of the Red Cross in Germany. This step stands on a level with similar instances of to-day amongst the scientific and learned sages of Germany and only goes to show how the people have been taught erroneously by the newspapers of the Fatherland.

—Maine Med. Jour.

We believe this is an illustration of a great man taking a hasty step of questionable propriety, but we do not think it will end the existence of the Royal Society of Great Britain.

A Doctor for United States Senator.

Dr. Hubert Work, Pueblo, is a candidate for the United States Senate on the Republican ticket, having been nominated at the direct primary by a large majority over the other candidates.

Be Content to Climb.

We have not wings, we cannot soar,
But we have feet to scale and climb
By slow degrees, by more and more,
The cloudy summit of our time.

—Longfellow.

A vacation that does not recreate is not much of a vacation.

Now is the time when the pesky flies are most anxious to get into the warmth and comfort of your home. Keep them out and swat them hard.

Do not amputate an extremity for sarcoma without a previous careful examination of the lungs and mediastinum for metastasis. Such symptoms as continued cough, a small hemeptysis, or beginning dyspnea, should be regarded as highly suggestive of such complication.—Amer. Jour. of Surgery.

The 40th Annual Meeting of the N. J. SANITARY ASSOCIATION will be held in the Laurel-in-the-Pines Hotel, Lakewood, December 11 and 12.

THE JOURNAL
OF THE
Medical Society of New Jersey

NOVEMBER, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

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OUR HOSPITALS.

According to our promise made last month we make this issue of our Journal largely a hospital number. We give the five excellent papers composing the symposium on hospitals at our annual meeting of the State Society this year and the discussions of the papers by several of our prominent physicians and surgeons, also a few reports of cases, operated on in our hospitals; then we enlarge the space given under the heading "Hospitals, Etc.," and we insert a list of the State, county and city hospitals and sanatoriums in New Jersey, with the names of the directors, superintendents or presidents of staffs, as far we could ascertain them after considerable correspondence. We shall be glad to correct any mistakes or omissions. Next month we propose to give a list of homes or asylums for the sick, aged, crippled, incurable, orphaned or wandering where physicians are in attendance. This will be for the convenience of the physicians of our State, many of whom have in the past sought information as to the institutions where these needy cases might find shelter and care, and possibly cure in some cases.

It is now more than ever realized that the care and treatment of the sick and injured is a humanitarian question of decided interest to both the profession and the public and that the mortality among the sick and injured depends very largely upon the scientific and practical provision made for their cure. One has said: "Probably the greatest good effected by the Sanitary Commission during our Civil War was the influence it exercised in liberalizing supplies and hospital accommodations by demonstrating that the county held money as valueless in the face of human suffering." The more recent Red Cross Society movement has deepened and intensified public sympathy for the suffering and largely increased contributions for the establishment and maintenance of hospitals and other charitable institutions, so that State and city governments are organizing or contributing liberally toward the support of eleeomosynary and corrective institutions, while private charity is being bountifully bestowed—sometimes in princely gifts—in extending and perfecting these institutions.

Some months ago, in a paper read before a body of scientific men, we made the following statement; There are 6,665 hospitals now in existence, with 600,000 beds; there is one and a half billions of dollars invested; their maintenance costs about $250,000,000 and 9,000,000 patients are treated in them annually. These figures give some conception of the growth of this work and of the public's interest, appreciation and support of it. We will not now speak of the medical profession's part in organizing and developing this work; of its altruism which has made possible its growth and success and its efforts to correct evils, perfect equipment and bring the managing and medical departments into perfectly harmonious co-operation. We refer to the excellent papers and discussions of the symposium in this issue of the Journal, which ably set forth the profession's desires and efforts to secure the best possible efficiency and results, for the benefit of those for whom the hospital exists—the sick, injured or defective patients it cares for and treats.

It will be seen by the list we publish on page 585 that New Jersey is well supplied with hospitals, sanatoriums and other institutions for the care and, where possible, the cure of diseased, injured or defective patients who are in need of institutional care and treatment at little or no cost, or for those who are able and willing to pay for care and treatment. Our State Hospital for the Insane, State Sanatorium for the Tuberculous, Epileptic Colony, State School for the Deaf and Training School for the

Feeble-Minded, we believe, are equal to those of other States; the good they are doing is incalculable and the cost of their maintenance is insignificant when compared with the benefits the State and its citizens are receiving from the excellent work they are doing.

The county, city and private hospitals have been increasing in number and efficiency during the past few years. Nearly every city and town and even some villages, have now one or more general hospitals or "homes" where the sick and injured are cared for. They are generally doing excellent work. We again refer to the papers and discussions on page 545-562, as expressing the needs of these institutions—their management, equipment and efficiency for best results.

We believe there is very little doubt among the members of our profession that these institutions are of inestimable blessing to sick and suffering humanity. The statement made by one able practitioner—"I have yet to see one patient that did not recover where the operation was performed in the home of the patient. I have had a number die that were operated on in hospitals by some of our most skillful surgeons." The reason given for the unfavorable results in his experience and observation was the greater shock attending operation in institutions and the strange and unpleasant surroundings. This is certainly an exceptional statement as compared with the general opinions expressed in favor of the hospital, as being preferable to the home, mainly on account of the thorough asepsis and trained nursing and as a rule the better results. In reference to this statement it must be admitted that in order to form a correct judgment as to the results of the operations spoken of in the two places—home and hospital—it is necessary to have full particulars of the cases—the disease, the history and condition of the different patients when operated on. We believe it is generally admitted that in some homes where thorough asepsis can be secured and the financial condition will admit of the employment of one or two trained nurses, the operation may be performed under more pleasant surroundings with as good results, though at greater cost.

There are three points we emphasize—though we cannot now discuss—as essential, if we would secure the greatest efficiency and best results: (1) That in all our hospitals, *false* charity shall be eliminated; *true* charity should not be denied or curtailed, rather should it be enlarged to meet increasing demands; (2) Perfect harmony between the governing board and the medical staff as both bodies recognize the fact that the patients' highest good is the supreme need; (3) That proper post-operative care shall be given to patients operated on, immediately after operation, during convalescence and, when advisable, from three to six months after operation, and in this post-operative care the operating surgeon and the family physician, when the former is needed, should co-operate in perfect harmony.

MEDICAL DEFENSE NEWS.

It gives us great pleasure to announce another triumph in our Medical Defense work. The suit against Dr. Norton L. Wilson for malpractice, which resulted in his acquittal, having been appealed and carried to the higher courts, our Society decided to continue his defense. Our members will be delighted to hear that on October 6, the motion of Ex-Governor Voorhees to dismiss the suit was granted, which ends the suit as will be seen by the correspondence below.

CORRESPONDENCE.

Wilson Malpractice Suit—Letters of Dr. Wilson and Ex-Governor Voorhees.

Elizabeth, N. J., October 7th, 1914.

My dear doctor English: I am enclosing a copy of a letter from Ex-Governor Voorhees which explains itself.

I take this opportunity to thank you personally and the State Medical Society for their loyal and generous support in fighting what any member of the profession may be called upon to do in defending himself.

There are members of the profession who will sell their reputations for gold, but they are few and far between and are ever after blackened with a stigma.

Hoping you are well and happy as I am,

Yours sincerely,

NORTON L. WILSON.

Elizabeth, N. J., October 6th, 1914

In Re Coleman,

Dr. Norton L. Wilson.

My dear doctor: My motion this morning to dismiss the suit of Coleman, Admx., against yourself, was granted, and I will enter a rule to that effect.

Thus ends a very unpleasant experience and I congratulate you on the outcome.

The case was one to which every reputable physician is likely to be exposed, and you are to be congratulated that in the trial thereof there was nothing which reflected upon your professional conduct and skill.

With best wishes I am,

Yours truly,

FOSTER M. VOORHEES.

Hospitals and Sanatoria

STATE HOSPITALS AND HOMES.

New Jersey State Hospital for the Insane, Trenton, 1,600 beds; Dr. Henry A. Cotton, medical director. New Jersey State Hospital for the Insane, Morris Plains, 2,385 beds; Dr. Britton D. Evans, medical director. New Jersey Reformatory Hospital, Rahway, 27 beds; Dr. George L. Orton, physician in charge. New Jersey State Home for Girls, Trenton; reformatory; 235 beds; Dr. George H. Parker, visiting physician; Mrs. E. V. H. Mansell, superintendent. New Jersey State Home for Boys, Jamesberg, educational and reformatory, 500 beds; Dr. H. D. Zandt, physician in charge; Dr. F. M. Donohue, president board of managers; J. C. Kalleen, superintendent. New Jersey State Prison Hospital, Trenton, 50 beds; Dr. M. W. Reddan, prison physician. New Jersey State Village for Epileptics, Skillman, 600 beds; Dr. David F. Weeks, medical superintendent.

New Jersey Sanatorium for Tuberculous Diseases, Glen Gardner, 225 beds; Dr. Samuel B. English, medical superintendent. New Jersey Home for Disabled Soldiers, Kearny, 200 beds; Dr. E. H. Goldberg, surgeon in charge.

New Jersey Home for Disabled Soldiers, Sailors, Marines and their wives, Vineland, 215 beds; Dr. J. S. Halsey, physician in charge. State School for the Deaf, Trenton; Dr. Elmer Barwis, physician in charge. New Jersey State Institution for the Care and Training of Feeble-Minded Girls and Women, Vineland, 200 beds; Dr. Madeline A. Hallowell, resident physician. Training School for Backward and Feeble-Minded Children, 425 beds; Vineland; physician ———; Prof. E. R. Johnstone, superintendent.

HOSPITALS AND SANATORIUMS.

Asbury Park—Asbury Park Municipal Hospital, 30 beds; Board of Health in charge.

Atlantic City—Atlantic City Hospital, 130 beds; Dr. Arthur B. Shimer, president of staff; Nannette L. Burkhard, superintendent. Emergency Beach Hospital, 4 beds; Dr. Charles L. Bossert, medical superintendent. Galen Hall; general; narcotics and nervous cases, 300 beds; Dr. Elezabeth T. Wright, house physician. Hahnemann Hall Sanatorium, 25 beds; Dr. A. W. Bailey, medical superintendent. House for Private Patients, 14 beds; Dr. Emery Marvel, surgeon; Miss Catherine Redman, superintendent. Leonard's Sanatorium; alcoholics and drug addiction cases, 52 beds; Dr. Isaac E. Leonard, medical superintendent. Municipal Hospital, for contagious cases, 64 beds; Dr. Edward Guion, medical superintendent.

Bayonne—Bayonne Hospital and Dispensary, 46 beds; D. M. Fletcher, superintendent.

Belle Mead—Belle Mead Farm Colony and Sanatorium, nervous and mental diseases, narcotic, alcoholic addiction, 75 beds; Dr. W. E. Gesregan, physician in charge; J. J. Kindred, consulting physician.

Belleville—Essex County Isolation Hospital, 225 beds; Dr. Henry E. Ricketts, medical superintendent. Tuberculosis Branch of County Hospital; 91 beds; Dr. William J. Douglas, medical superintendent.

Blackwood—Camden County Hospital, 75 beds; Dr. Joseph E. Hurff, attending physician; David Poynter, superintendent. Camden County Hospital for the Insane, 250 beds; Dr. J. Anson Smith, attending physician; J. A. Starkey, superintendent.

Bridgeton—Bridgeton Hospital, 30 beds; Dr. W. P. Glendon, president medical staff; Miss I. D. Squarewood, superintendent. Cumberland County Hospital for the Insane, 200 beds; Dr. F. J. Smith, medical director.

Brown's Mills-in-the-Pines—Brown's Mills Sanatorium, 7 beds; Dr. M. W. Newcomb, medical director.

Camden—Camden City Hospital for Contagious Diseases, 25 beds; Dr. Henry H. Davis, medical director. Camden Tuberculosis Sanatorium, at Ancora;—beds; Dr.—— Cooper Hospital, 150 beds; Dr. H. Genet Taylor, medical director; George Bailey, Jr., superintendent. West Jersey Homeopathic Hospital, 90 beds; Anna R. Worrell, superintendent.

Cedar Grove—Essex County Hospital at Overbrook, for the Insane, 1,600 beds; Dr. Guy Payne, medical superintendent.

Clarksboro—Gloucester County Almshouse and Asylum; Dr. H. B. Diverty, Woodbury, attending physician.

Elizabeth—Alexian Brothers Hospital, general, men only, 130 beds; Dr. D. R. McElhinney; president of medical staff. Elizabeth General Hospital and Dispensary, general, 160 beds; Dr. Norton L. Wilson, president of medical staff. St. Elizabeth Hospital, 130 beds; Dr. J. P. Reilly, chief of medical staff. Sisters in charge.

Englewood—Englewood Hospital, 57 beds; Dr. Edwin Holmes, president of medical staff.

Franklin—Franklin Hospital, surgical cases; Dr. Fred P. Wilbur, medical superintendent.

Hackensack—Hackensack Hospital, general, 100 beds; Dr. David St. John, president of medical board.

Hoboken—St. Mary's Hospital, 445 beds; Dr. W. T. Kudlich, president of the medical staff. Sisters in charge.

Irvington—Gladden Lodge, surgical and obstetrical, 14 beds.

Jersey City—Bergen Private Sanatorium, general, 30 beds; Dr. John J. Broderick, president of medical staff; Dr. D. T. Winter, Jr., secretary. Christ Hospital, general, 120 beds; Dr. William Freile, president of medical staff. Jersey City Hospital, general, 200 beds; Dr. J. Morgan Jones, president of medical staff. St. Francis Hospital, charitable, general, 270 beds; Dr. T. J. McLoughlin, medical director. Sisters in charge.

Lakewood—Paul Kimball Hospital, general, 20 beds; Drs. Carrigan, Disbrow, Laurence, Lindley, Hance, Schauffler and Thompson, physicians.

Long Branch—Monmouth Memorial Hospital, general, 120 beds; Dr. Edwin Field, Red Bank, president of medical board; Mrs. W. D. Harper, superintendent.

Maplewood—Wadsworth Sanatorium, nervous and mental cases, 5 beds; Lulu D. Wadsworth, superintendent.

Metuchen—Ellis Sanatorium, nervous and mental cases, 15 beds; Dr. Alfred L. Ellis, physician in charged.

Milton—Sanatorium Bethesda, 100 beds.

Millville—Millville Hospital, 20 beds.

Montclair—Mountainside Hospital, general,

80 beds; Dr. J. S. Brown, president of medical staff; Miss H. T. Meikeljohn, R. N., superintendent.

Morristown—All Souls' Hospital, general, 75 beds; ——————, president medical staff; Sisiters of Charity in charge. Morristown Memorial Hospial, general, 84 beds; Dr. Gustav A. Becker, president medical staff; Eliza McKnight, R. N., superintendent. St. Michael's Sanatorium, 6 beds; Dr. H. A. Henriques, medical director; Sisters of Charity in charge.

Mt. Holly—Burlington County Hospital, general, 30 beds; Dr. R. H. Parsons, physician in charge.

Newark—Babies' Hospital, charitable, 35 beds; Dr. Henry L. Coit, medical director; Miss C. E. Watkins, superintendent. Homeoparthic Hospital of Eseex County, general, 50 beds; Dr. C. A. Groves, East Orange, chief of medical staff; Miss Helen Bare, superintendent. Hospital for Women and Children, 32 beds; Dr. Edward Sealy, senior surgeon; Jennie M. Shaw, superintendent. Hospiital of St. Barnabas, general, 87 beds; Dr. Archibald Mercer, president of medical staff. Newark Beth Israel Hospital, general, 90 beds; Dr. Philip G. Hood, superintendent. Newark Charitable Eye and Ear Infirmary, eye, ear, nose and throat diseases, 38 beds; Dr. Wells P. Eagleton, medical director. Newark City Hospital, general, 400 beds; Dr. A. C. Dougherty, president of medical staff; Chas. E. Talbot, superintendent. Newark German Hospital, general, 75 beds; Dr. Edward Staehlin, president of medical staff; Miss Wilhelmina Kobbeloer, superintendent. Newark Maternity Hospital and Dispensary, 14 beds; Dr. S. Husserl, president of medical staff Miss Florence Moll, superintendent. Newark Private Hospital, 25 beds; Dr. Hugh F. Cook, president of medical staff; Martha Love, superintendent. Presbyterian Hospital, medical surgical and maternity, 26 beds; Dr. Samuel E. Robertson, medical director; Elizabeth Miller, superintendent St. James' Hospital, general, 80 beds; Dr. T. E. Robertson, chairman medical board; Sisters of Charity of St. Francis in charge. St. Michael's Hospital, 300 beds; Dr. Edward J. Ill, medical director; Sisters of the Poor of St. Francis in charge. Dr. Waite's Surgical Sanatorium, 15 beds; Dr. George N. Waite, physician in charge; Wilhelmina Waite, matron.

New Brunswick—John Well's Memorial Hospital, general, 34 beds; Dr. A. L. Smith, president of medical staff; Miss Cecelia Jacobs, R. N., superintendent. St. Peter's General Hospital, general, 65 beds; Dr. Frank M. Donohue, president of medical staff; new maternity building, 25 rooms and a ward for 12 cases, just completed.

New Lisbon—Burlington County Hospital for the Insane, nervous, mental and narcotic cases, 174 beds; Dr. R. H. Parsons, Mt. Holly, physician; C. C. Deacon, superintendent.

Orange—New Jersey Orthopedic Hospital and Dispensary, tuberculosis, 16 beds; Drs. T. W. Harvey and J. H. Bradshaw, surgeons; Drs. M. Runyon, R. B. Freeman and J. L. Seward, physicians; Miss Anna H. McGall, superintendent. Orange Memorial Hospital, general, 125 beds; Dr. Thomas W. Harvey, president of medical board; Grace E. Stamp, R. N., superintendent; Dr. E. N. Riggins, president dispensary staff. St. Mary's Hospital, 200 beds; Dr. F. B. Lane, president; Dr. L. A. Connor, consulting physician; Sisters of St. Francis in Charge.

Passaic—City Hospital for Contagious Diseases, tuberculosis, 49 beds; Dr. John N. Ryan, physician in charge. Passaic General Hospital, general, 70 beds; Dr. Cornelius Van Riper, president of staff; Margaret A. Wallace, superintendent. St. Mary's Hospital, general, 55 beds; Homeoparthic; Dr. Charles A. Church, chief of medical staff.

Paterson—Miriam Barnert Hospital, general, 75 beds; Dr. B. C. Magennis, president of staff; Dr. Anna S. Rosenbluth, medical superintendent. Paterson Eye and Ear Infirmary, for charity patients only, 8 beds; Dr. Walter B. Johnson, executive surgeon. Paterson General Hospital, general, 150 beds; Dr. George H. Balleray, president of staff; Thomas R. Zulick, superintendent. Paterson Isolation Hospital, 35 beds; Dr. J. Alexander Browne, health officer in charge. Riverlawn Sanatorium, nervous and mental cases, 50 beds; Dr. Daniel T. Millspaugh, medical superintendent. St. Joseph's Hospital, general, 250 beds; Dr. Charles J. Kane, president of staff; Sisters of Charity in charge.

Perth Amboy—Perth Amboy City Hospital, general, 37 beds; Dr. John G. Wilson, president of staff; Mary R. Herrmann, superintendent.

Plainfield—Muhlenberg Hospital, general. 110 beds; Dr. Frank C. Ard, medical director; Morris Harrison, superintendent.

Pleasantville—Atlantic County Insane Asylum, 110 beds; Dr. J. H. North, physician in charge; T. L. McConnell, superintendent.

Princeton—McCosh Infirmary, for university students only general, 30beds; Dr. J. M. Carnochan, physician; Miss B. L. Dickson, superintendent.

Red Bank—Red Bank Isolation Hospital, small-pox cases, 22 beds; Board of Health in charge.

Ridgewood—Pine Lawn Sanatorium, nervous and mental, narcotic and alcoholic cases. Dr. Edward A. Everett, medical superintendent. Ridgewood Hospital, private, 5 beds; Drs. W. L. Vroom and W. C. Craig, physicians in charge.

Scotch Plains—Bonnie Burn Sanatorium, tuberculosis, 64 beds; Dr. J. E. Runnells, medical superintendent.

Secaucus—Hudson County Hospital for the Insane, nevous and mental, 800 beds; Dr. Harry V. A. Smith, medical superintendent. Hudson County Tuberculosis Hospital and Sanatorium, tuberculosis, 165 beds; Dr. Berthold S. Pollak, medical superintendent. (A new building is to be erected to acommodate 150 additional patients). Hudson County Small-pox Hospital, 50 beds; Dr. George W. King, physician in charge. (At present used for the insane).

Smith's Landing—Atlantic County Asylum for Insane, 120 beds; Dr. Joseph H. North, Pleasantville, attending physician; T. L. M. Connell, superintendent.

Somerville—Somerset Hospital, general, 30 beds; Dr. H. L. Kaucher, Bound Brook, president of staff; Mrs. Josephine B. Hamilton, R. N., superintendent.

Spring Lake—Ann May Memorial Homeopathic Hospital, general, 50 beds; Dr. B. H. Garrison, Red Bank, senior surgeon; Anna B. Leggett, R. N. superintendent.

Summit—Fair Oaks Sanatorium, nervous and medical, 40 beds; Drs. Eliot Gorton and Thomas P. Pratt in charge; E. A. Ehlers, assistant physician. Overbrook Hospital, general, 60 beds; Dr. William H. Lawrence, Jr., surgeon in chief; Mrs. Blanche Oaks, superintendent.

Sussex—Vaughan's Sanatorium, for alcohol and drug addiction cases, 12 beds; Mrs. Sarah Vaughan, superintendent.

Thorofare—Sanatorium Association of Philadelphia, general, 48 beds; Dr. James Hunter, Jr., Westville, physician in charge; Clayton Jackson, superintendent.

Trenton—Mercer Hospital, general, 150 beds; Dr. George H. Parker, medical director; Harriet Frost, superintendent. St. Francis' Hospital, general, 200 beds; Dr. Elmer Barwis, medical director; Sister Bengalina, superintendent. Tuberculosis Hospital, 50 beds; Dr. Walter A. Taylor, visiting physician; Margaret Knoor, superintendent. William McKinley Hospital, 100 beds; Dr. A. W. Atkinson, chief of staff; W. B. Keats, superintendent.

Ventnor—North American Sanatorium, for bone tuberculosis, 75 beds.

Verona—Newark City Sanatorium, tuberculosis, 60 beds; Dr. John Meeker, medical director; Edith Riley, superintendent.

Vineland—Physician's Hospital, 27 beds.

Weehawken—North Hudson Hospital, general, 80 beds; Dr. A. E. Fendrick, president of medical board; Kate L. B. Tully, superintendent. Private Hospital, Miss N. J. Byrnes; open to members of the profession, capaciay, 60 beds.

Wildwood—Private Hospital, Dr. William I. Kelchner, Camden, in charge.

Cooper Hospital, Camden.

During the month of September nearly 3,000 cases, surgical and medical, including re-visits were treated in the in-patient's and out-patient's wards.

In-patient's department: In wards September 1st, 97; admitted during month, 271; total, 368.

Out-patient's department: New cases, 649; re-visits, 1,913; total, 2,562.

Enlargement of Overbrook Hospital.

Plans have been adopted for an addition to the Overbrook Hospital for the Insane at Verona. The new building will have accommodations for 270 patients.

Merriam Barnert Hospital, Paterson.

The corner-stone of this hospital, which is being built in Broadway, was laid October 19, with imposing ceremonies, including a large parade of the Paterson-Orange Lodge F. and A. M. and an oration by Senior Grand Warden Meakle. The hospital is at present housed in a building near the center of the city. The new building, in the residential section is the gift of former Mayor Barnert, who has endowed it in memory of his wife.

Millville Hospital.

The managers of this hospital have appointed an equipment committee to act with the physicians' committee—Drs. Charlesworth, Bennett and Sheppard—and they have advertised for bids for the necessary equipment.

Monmouth Memorial Hospital.

The Long Branch Property Owners' Association, last month, voted to contribute $250 in aid of the Monmouth Memorial Hospital.

Morristown Memorial Hospital.

The directors of the Morristown Memorial Hospital, on September 28, accepted a report of the building committee and authorized that committee to proceed with the plans for enlargement and to start the work. The hospital now has $61,000 of the fund in hand, and the board voted to spend $2 of every $3 collected in bulding operations. With that in view it is now proposed to expend $40,000 on construction, the plans permitting the further work proposed as the money comes in. The other dollar in each $3 will be kept for endowment.

The present plan, which must yet be developed, calls for the construction of a new and larger nurses' dining-room, with a solarium for private patients above it, east of the present building. The present serving room in the original Kip building will be greatly enlarged and an addition built at the rear of the Kip building, providing a diet kitchen and rooms for storage and refrigeration. Above these rooms will be additional rooms for the servants. Another wing will be added to the southwest and rear of the newer part of the hospital. The first floor of this wing will contain a pathological laboratary, X-ray rooms and light private rooms for patients. On the second story will be a complete maternity equipment with rooms for eight beds.

Mountainside Hospital, Montclair.

The cornerstone of the new medical building of this Hospital was laid October 10th by Mrs. F. H. Hooper, president of the board of governors who used a silver trowel presented by Col. W. C. Church, of Montclair. The building is erected as part of the hospital's improved equipment resulting from the "whirlwind campaign" of a year ago when $230,000 was raised.

Newark Maternity Hospital.

The first class of obstetrical nurses graduated from this institution October 8th and received their diplomas. Statutes enacted within a few years made it necessary for practicing obstetrical nurses to undergo a course of scientific training, and as an indirect result Dr. Siegfried Husserl founded the Newark Maternity Hospital about two years ago. Dr. Husserl is chairman of the medical board of the institution, and he presented the diplomas to the eight members of the graduating class. Drs. S. Husserl and Thomas N. Gray and Rabbi Solomon Foster delivered addresses.

Paterson General Hospital.

With the cancelation of a $50,000 mortgage, last month, the discharge of which was filed recently, the Paterson General Hospital freed itself of all indebtedness. The money was raised last spring in a ten-day campaign.

Training School at Vineland.

This institution has now 392 boys and girls under its care at Vineland and 63 boys at the

Colonies. It is within a dozen of the school's capacity.

Paterson Eye and Ear Infirmary.

The thirty-first annual report of this Infirmary has recently been issued. We give the following items gathered therefrom.

From the report of the Board of Governors, we learn: New instruments and apparatus have been added during the year to aid in the thorough treatment of the diseases of the eye, ear, nose and throat; while the number of patients treated as in-patients has been limited, the out-patient work has increased; the major operative work has been done in the Paterson General Hospital. The increasing work seems to indicate the need in Paterson for an Eye and Ear Hospital, arranged and organized as to officers and help to perform hospital services; at an expense of about $15,000 two stories could be added which would amply provide for the care of 25 to 30 patients. $500 has been added to the building fund, making $1,500 as the total. The expense of operation of the infirmary was $2,300 during the year. Two gifts of $1,000 and one of $2,500 were received and have been added to the endowment fund, making the total of $6,500.

The report of Dr. Walter B. Johnson, executive surgeon, we learn that—

The number of new patients applying for treatment during the year was greater than in any previous year, the average daily attendance and the number of operative procedures were greater. The number of new patients, the number carried forward and remaining under treatment during the year were as follows:

New eye patients, 1,002; carried forward, 269; new ear patients, 425; carried forward, 78; new throat patients, 609; carried forward, 125; showing total number of patients treated, 2,508. The number of visits made by these patients for treatment was 13,323, average daily attendance, 44; number of clinics held, 302. 378 operations have been performed at the infirmary.

Tuberculosis Prevention.—Farmingdale.

This institution for children continues to do a good and successful work. 480 children have been admitted during the year, ages ranging from four to fourteen years. The greatest gain in weight was that of a child aged 12 in the institution 119 days; gain 34 pounds; both father and mother were T. B. 1st stage. Dr. A. F. Hess is the physician in charge, J. Palmer Quimby, R. N., is superintendent. There are 180 beds and 181 children now in the institution.

Laryngeal Diphtheria in Hospital.

In the Baltimore Municipal Hospital for Infectious Diseases, in the latter part of 1912 and early part of 1913, there were 30 cases of laryngeal diphtheria. Antitoxin was employed intramuscularly and hypodermatically and stenotic breathing was relieved by intubation, the mortality was about 10½ per cent. plus Drs. S. Nicholson, Jr., and K. D. Blackman suggested in the fall of 1913, the idea of using antitoxin intravenously. With an approximately equal number of cases in the fall of 1913 and the early part of 1914, treated by antitoxin intravenously the death rate was cut in half, or 5 per cent. plus.

Hospitals on Apartment House Roofs.

Drs. Margaret A. Cleaves and Josephine Baker of the New York Department of Health and several other women are actively advocating this plan of providing hospitals on apartment house roofs, which has long been recognized as a feasible one by the members of the medical profession. This plan is suggested for those who live in apartment houses where the sick residing therein can have light, quiet and good air high above the street and "far from the maddening crowd." In a small hotel for working women this plan is now being put into effective operation.

Roof Garden for Hospital.

The news roof-garden for the Allentown (Pa.) Hospital was opened on September 23. It will accommodate 20 patients, and it is intended for those suffering from pulmonary tuberculosis, pneumonia, and typhoid fever.

Zone of Quiet for Hospitals.

An ordinance was introduced in the city council of Quincy, Illinois, September 24, providing for a zone of quiet within 200 feet of all hospitals.

The Value of a Pleasant Hospital Exterior.

In the description of a hospital a writer in Country Life says: "It is sometimes said that it is wrong to expend any money on the outside of a hospital, and that every halfpenny should be devoted to operating-tables and the like. This is surely a prejudiced idea. No building of a public sort should present a repellent front to the passerby; least of all, a hospital, which owes a smiling welcome to those who approach it with some sinking of heart. There are hospitals enough which suggest by their door faces, 'All hope abandon ye who enter here.' We need not be psychologists to recognize that none more than the sick need the subtle aid, not only of a happy environment within, but of the cheering welcome of an exterior that is homelike rather than 'institutional.'"

First Hospital for Children.

It is not generally known that Charles Dickens was a benefactor to children in ways other than by books. Charles Dickens was a great friend of West, the English pediatrist. During a number of years West had only a dispensary, where he could study children only under difficulties, not being able to study the more serious cases of illness and not having any autopsy material. West deplored this deeply and displayed great activity, and worked with unceasing zeal to found a special hospital for children, like those which were on the continent at that time.

Dickens interested himself in this building and contributed with West in the efforts to make the public realize the necessity of this institution. Thus he and West really were responsible for the founding of the first hospital for children in England—the London, in 1855. Thus the English children's specialists

are in a great measure indebted to this great author for actual help in their science.
—Boston Medical and Surgical Journal.

The Cincinnati General Hospital.

The remark, coming in a formal public address, from Surgeon-General Gorgas, that "the new Cincinnati General Hospital is the best hospital that he had ever seen," is, indeed, high praise, coming as it does from the master sanitarian of the age. Cincinnati can well feel proud that she is possessed of one of the show places of the world—and it is fortunate that in the past year and in the next few months to come, meetings of important bodies of medical men within that city has given her a chance to show to large numbers of the profession this wonderful creation of civic pride, determination and efficiency, which will make her name known to the ends of the earth, wherever the medical sciences are known.—The Lancet-Clinic.

Philadelphia Hospital Modernization.

The inclusion of an item for one million dollars for improvement of the Philadelphia General Hospital, in the new loan bill for $11,500,000 just passed by councils and signed by the mayor, means the definite and early change of the city's great charity into one of the world's models for treatment and teaching purposes. At least 3,000 beds are in view for this notable object.

American Doctors in Paris Hospitals.

Seven physicians sailed from New York the first of last month for service on the staff of the American Ambulance Hospital in Paris, of which Dr. Joseph A. Blake is the head surgeon.

American Hospital in Paris Praised—"Best of its Type in Paris."

Sir Frederick Treves, who has recently returned to London from Paris, gives "The British Medical Journal" an interesting account of his visit to the hospitals there which are receiving the British wounded. The military general hospital, taking from 500 to 600 cases, is at the Trianon Palace, Versailles. The large rooms on the ground floor, the dining room, drawing room and reading room, make magnificent wards, and are filled with private soldiers. All patients are very comfortable. In the grounds of the hospital are two marquees for medical cases, but the patients are few, because the health of troops at the front is excellent.

The second hospital is the American, at the Lycee Pasteur, at Neuilly. The number of beds is 300. Sir Frederick found 370 patients, of whom 162 were British. Americans have reason to be proud of this hospital, which Sir Frederick calls the best of its type in Paris. The staff consists of 15 physicians, 75 fully trained nurses and a personnel making a total of 180.

The third hospital is in the Astoria Hotel, which has been taken over by the Board of the Red Cross. It will accommodate three hundred cases and is being gradually equipped. There are sixty-five patients at present, all except three being British. The other hospitals are at Claridge's Hotel, the Majestic Hotel, two large private houses, the Lycee Bouffon, and at smaller institutions.

Sir Frederick Treves said that the great difficulty in the medical aspect of the war is the question of transport. More ambulance trains are being provided, but they will not be immune from the risk of being delayed at sidings. The great need in this campaign is for motor ambulances. The American Hospital has twenty, and in this fleet of cars rests largely the secret of its success.

President Poincare recently visited the hospital and expressed his pleasure at the cleanliness of the hospital and the efficiency of its corps. He was told by the hospital staff that another 100 beds were about to be added to the hospital, which will make 400 beds in the institution.

The British Red Cross is putting two hundred motor ambulances into France at the earliest possible moment. Five hundred would not be too many. Motor ambulances can come down from the front in a little over two hours, whereas trains may take ten or even twenty hours.

Open-Air Hospitals in War Time.

Dr. R. Saunby, in the A. M. A. Jour., calls attention to the fact that in the provision for the sick and wounded during the present war it is quite probable that the accommodation already made will prove insufficient and that large additional space will be needed. In the American Civil War and in the Franco-Prussian War the suitability of wooden buildings was abundantly proved, and with increased knowledge and confidence in the advantages of simple structures it is hoped that no more money will be spent upon structural alterations for hospital use, but that simple buildings will be erected for which there are many good designs to be seen in recently erected sanatoria.

Hospital Ship Donated to Great Britain by Indian Rulers.—The Maharaja Scindia of Gwalior has offered to the Viceroy of India on behalf of himself and the Nizam of Hyderabad, the Begum of Bhopal, the Maharajas of Jodhpur, Rewah and Datia, the Rajas of Dhar, Sitamau, Jhabua and Sailana and other ruling chiefs of India, a hospital ship of 300 beds to be named Loyalty.

Transformation of an Automobile into an Ambulance.—The Wiener klinische Wochenschrift says: "At the Swiss Red Cross exercises, a 24 h.p. automobile with four seats was used as an ambulance. The two rear seats were removed and a bridge put in their place in a short time on which, with the aid of six poles and a few ropes, an inclined plane for the admission of three stretchers was set. Two poles were turned lengthwise, two crosswise and two to fasten the frame."

Hospital Work in Moscow.

In Moscow it is stated that the public spirit of the former capital was never so strongly manifested as now. In almost every street there are extemporized hospitals and convalescent homes for wounded. Red Cross flags and badges dominate the life of the city. The generosity and devotion of private indi-

viduals are limitless. The city has accommodation for 30,000 wounded, while the military authorities have provided for 12,000 more, and the town soon will have ready another 15,000 beds.

There are several types of hospitals. One institution is maintained by the parents of pupils of a private school. Half of the elementary schools have been transformed into admirable hospitals, and in the remaining schools the children are taught in two shifts. The new tramway sheds have been equipped as large, airy hospitals, to accommodate 1,400 wounded. Many patients are lying in the capacious Merchants' Club. Everywhere the attendance of those who aid the wounded is ideal, and the percentage of deaths in Moscow is infinitesimal.

The King and Queen of England have spent a good deal of time at the hospitals in London where the wounded who have arrived from the war field are being cared for. In the wards they conversed cheerily with the soldiers who were greatly delighted. Princess Victoria has also visited hospitals.

Hospital construction is proceeding everywhere apace. Citizens of all classes are interested in the subject as never before. Many laymen are serving on hospital boards of construction and administration, and the medical profession is practically doing all of its thinking and writing in terms of hospitals, and in those terms alone.—Cincinnati Lancet-Clinic.

Value of Social Service Work in Hospitals as a Part of Efficient Diagnosis and Treatment.

We take the following extracts from the able address of Dr. Richard C. Cabot, of Boston, before the recent annual meeting of the Maine Medical Association.

The subject I am to speak of this afternoon, "Some Functions of Social Work in Hospitals," I think I can introduce to you best by saying that it is the attempt to do, under city conditions and in hospitals, exactly what every first rate general practitioner in a small town or country district always does, and always has done. There is nothing in what I have to say that in any way concerns the general practitioner in a small town or country district. He is doing already, as I say, the things which I am trying to get done as they are not now done in hospital practice. If, then, a good deal of what I say sounds perfectly familiar to you, and as if I were perhaps trying to teach my grandmother to suck eggs, you will understand why it is.

Now the conditions of hospital work in city life means this, among other things. The doctor does not know his patient. He does not know his patient in the same intimate way, in the same personal, long-lived way, that he does in general practice in the country. He does not know the patient's family; he does not know the patient's work; he does not know the patient's habits and temperament; and he cannot learn them in anything like the same way. He sees a patient for a few days or a few weeks, and he sees him separated, isolated, from his natural environment, and he makes mistakes, or omits important parts of diagnosis and treatment, as a result of that.

The general formula which seems to me to cover all that, I mean by social work, is the attempt to finish up a good job which has been begun but left unfinished. Hospital diagnoses are good as a rule. They are mistaken often; but, on the whole, they are less often mistaken than any other kind of diagnosis that I know. But when it comes to treatment, the hospital physician does not stand out prominently at all as compared with his brother physicians outside. As I have seen hospital physicians and compared them with men practicing outside of hospitals, it seems to me that their diagnosis is better and their treatment worse; and their treatment is worse largely for the reasons I have tried to suggest.—that they know the patient only partially, and a person who knows his patient only partially cannot treat him in the best way. * * * * * *

In summing up what I have said, as I put it upon the last item on this paper which you have in your hands, it seems to me that a full understanding of any sick patient who is in enough trouble to go to a hospital, involves four things, and that ordinarily we understand in hospital routine only one of those four things. We need to understand his body and his mind, his physical environment and his mental environment. As a rule we get the first and not the other three. Now the investigations of a social worker, as we use them, provides us with these facts; provides us with facts which are just as essential, it seems to me, as any other parts of the history or the physical examination; and in the long run I do not think we are going to be satisfied to treat patients unless we can have at least an outlined knowledge of these facts. And now, ending as I began, I think the general practitioner in relatively small places does know all these four groups of facts about his patients; and, whenever I see cases in consultation with such practitioners, I am always amazed and struck with admiration to see the amount they know about their patients as compared with the little I know about mine. We are apt to hear a good deal. I think, nowadays in dispraise of the general practitioner, and in praise of the so-called scientific laboratory or hospital practitioner, and I think the burden of what I have said to you to-day has been to impress upon you that this is very far from being true; that the laboratory man, the so-called scientific practitioner, is just as likely to be one-sided and ignorant of vital facts as the man who has not the advantages of laboratories or the latest scientific training, but who does know human nature, his patients, and the details of their lives.

We are obliged to defer the insertion of other prepared hospital matter until next month. —Editor.

If a radiograph of the unemptied bladder, exposed with the patient in the level supine or reversed Trendelenburg position, shows a shadow or group of shadows in the region of the neck of the blader, and a second radiograph, exposed with the patient in the Trendelenburg position and the X-rays passing in the same relative direction, shows the shadow in the same place as before, the stone or stones are fixed in the prostrate or the prostatic urethra or in a diverticulum behind the prostate.—Amer. Jour. Surg.

Marriages.

CRYSTELL-COUSINS.—At Belleville, N. J., October 14, 1914, Dr. Edward H. Crystell, of Califon, N. J., to Miss Florence Cousins, of Belleville.

NICHOLS-PARSLOW.—At Long Branch, N. J., October 14, 1914, Dr. Stanley Hetfield Nichols to Miss Consuelo Adelaide Parslow, both of Long Branch.

QUINBY-CONANT.—At East Orange, N. J., October 3, 1914, Dr. William O'Gorman Quinby to Miss Dorothy Conant, both of East Orange.

SPRAGUE-MILLER.—At Jersey City, N. J., recently, Dr. Seth Billington Sprague to Miss Mildred A. Miller, both of Jersey City.

Death.

HERON.—At Lakewood, N. J., October 11, 1914, Dr. Alexander M. Heron, aged 49 years. Dr. Heron was a graduate of the Medico-Chirurgical College of Philadelphia in 1899. He was a fellow of the American Medical Association, a member of the Medical Society of New Jersey, and of the Ocean County Medical Society.

Personal Notes.

Dr. Frank C. Ard, Plainfield, gave a dinner on the evening of October 27 to the members of the Plainfield Clinical Society.

Dr. Milton A. Sangle, Elizabeth, has been winning some victories on the golf links of the Suburban Club, Elizabeth.

Dr. William E. Darnall and wife, Atlantic City, have returned from a three-week trip through Canada.

Dr. Henry T. Harvey, Atlantic City, and wife, spent the last two weeks of September at Lake Hopatcong.

Dr. E. C. Chew, Atlantic City, and family, enjoyed a two-weeks' stay at Hammonton, N. J., from which point they took several motor trips, one to Washington, D. C.

Dr. Walt P. Conway, Atlantic City, is again attending to his practice after several weeks of severe illness.

Dr. Otis D. Stickney, Atlantic City, is gunning in the Maine woods.

Dr. J. G. L. Borgmeyer, Bayonne, arrived home from Europe where he had spent several weeks on October 8th.

Dr. Henry H. Brinkerhoff, Jersey City, addressed the Parent-Teacher Association at the Highland Park School, New Brunswick, October 9th, on "The Medical Inspection of Schools."

Dr. Howard D. Corbusier, Plainfield, ordered a "first aid trophy" to be competed for at the annual meet of the Plainfield Boy Scouts recently.

Dr. David E. English, Summit, addressed the International Sunshine Association at its annual meeting at Millburn, October 9, on "International vs. Home Training for Blind Babies." Five blind babies were present from Blind Babies Home at Summit, to illustrate his address.

Dr. Hyman I. Goldstein, Camden, is the Democratic candidate for coroner of Camden County. He recently moved his office and laboratory to his new home, 1439 Broadway.

Dr. Frank D. Gray, Jersey City, discussed the paper of Dr. F. M. Porter on "Delayed Union of Non-infected Epigastric Wounds," at the meeting of the American Association of Obstetricians and Gynecologists, at Buffalo in September.

Dr. Frederick C. Jones, Basking Ridge, spent a few days at Atlantic City last month.

Dr. Paul N. Litchfield, Camden, a member of the Board of Freeholders, is actively pushing the completion of the Tuberculosis Sanatorium at Ancora. Dr. E. A. Y. Schellenger is president of its board of managers.

Dr. Frank G. Scammel, Trenton, County Physician and president of the Mercer County Medical Society, gave a smoker recently to the members of the County Society.

Dr. Pliney F. Stevens, Bayonne, recently returned from an extended trip to Maine.

Dr. Henry H. Sherk, Camden, recently returned from Atlantic City much improved in health and it is hoped that he will soon be able to resume practice.

Dr. Philander A. Harris, Paterson, who was quite ill last month, is recovering.

Dr. David H. Oliver, Bridgeton, is reported as recovering from a severe illness.

Dr. William G. Schauffler, Lakewood, recently returned from a two-weeks' sojourn in the Maine woods.

Dr. Fred M. Corwin, Bayonne, has been reappointed Medical Inspector of the Bayonne Schools.

Dr. Albert S. Harden, Newark, has been appointed Health Commissioner of the city of Newark.

Dr. Thomas S. Dedrick, Washington, was elected scout commissioner of the Washington Council of the Boy Scouts, last month and Dr. W. B. Creveling, scoutmaster.

Dr. Effie R. Graff, Somerville, entertained the History Club at her summer home on Second Mountain, on October 19th.

Dr. David St. John, Hackensack, recently returned from a few weeks' hunting sojourn in the Adirondacks with Drs. Payne and Bruckman.

Dr. Bernard L. Sellmeyer, Gloucester City, has recently returned from a two weeks' visit in Missouri.

Dr. Henry Allers, Harrison, was elected last month a vice-president of the Association of Military Surgeons, at the annual meeting in Cincinnati, Ohio.

Dr. Edwin W. Landis, Stillwater, has purchased and taken possession of the house and lot of S. R. Young.

Dr. William H. Lawrence, Jr., Summit, has moved into his new house at Beechwood road and Parmley place.

Dr. William Martin, Atlantic City, was elected one of the vice-presidents of the American Electro-therapeutic Association at the annual meeting, September 17, 1914.

Dr. John H. Moore, Bridgeton, gives an interesting account in the Bridgeton News of October 2, of his trip to Oxford, England and a description of the city and its university.

Dr. Joseph L. Nicholson, Camden, has recently recovered from an attack of pneumonia.

Dr. Gordon K. Dickinson, Jersey City, has a paper in the October Amer. Jour. of Surgery on "Wounds and their Treatment."

Dr. Lucius F. Donohue, Bayonne, and wife have returned from their summer vacation in Maine.

Dr. Henry V. Davis, North Branch, and family, spent a few days last month in Whitehouse, N. J.

Dr. Clarence Garrabrant, Atlantic City, and family spent a week with relatives at Basking Ridge, last month.

Dr. Henry J. Harp, Sussex, won the gentlemen's handicap tournament of the Wallkell Golf Club, Franklin, on October 3rd. His score was 54 for two rounds of the eight-hole course.

Dr. Joseph E. Hurff, Blackwood, has been appointed medical examiner for the district schools.

Dr. Ernest Kauffman, Newark, spent a few days at Rockaway last month.

Dr. Paul M. Markley, Camden, returned recently from a two week's stay at Bower's Beach, Del.

Dr. William H. Merrill, Somerville is recovering from a severe illness of several week's duration.

Dr. Clifford Mills, Morristown, is the Republican candidate for mayor of that city.

Dr. Walter R. Elliott, West Collingswood, has built and now occupies a handsome residence at the corner Collings and Cattell avenues.

Dr. Isaac M. Griscom, formerly of Ocean City, has removed to 505 Linden street, Camden

Dr. Charles H. Jennings, Merchantville and wife, spent their vacation in Cumberland Valley, Pa. and Asbury Park.

Dr. William C. Raughley, Berlin, and wife quietly celebrated the twenty-sixth anniversary of their wedding on October 10th.

Book Reviews.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume III. Number IV. Octavo of 254 pages, 65 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Published Bi-Monthly. Price per year: Paper, $8.00. Cloth, $12.00.

Among the contents we note: Murphy's Clinical Talks; Arthoplasty of Hip; Malignant Papillomatous Cyst of the Breast; Paralytic Ileus from Crytogenic Peritonitis; Carcinoma of the Rectum, Iliac Sigmoidostomy, Radical Excision; Sarcoma of the Humerus; etc.

The Practical Medicine Series, comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D., Prof. Phys. Diag., Northwestern Univ. Med. Sch.; Roger T. Vaughan, Ph. B., M. D. Vol. VI. General Medicine, by Frank Billings, M. S., M. D., head of the Medical Department of Rush Medical College, and J. H. Salisbury, A. M., M. D., Professor Medicine, Illinois Post Grad. Med. Sch. Series 1914.

Vol. IV., Gynecology. Edited by Emilius C. Dudley, A. M., M. D., professor gynecology, Northwestern Med. Sch., Chicago, and Herbert M. Stowe, M. D., attending obstetrician to Cook County Hospital. Series 1913.

Vol. V., Pediatrics. Edited by Isaac A. Abt, M. D., Professor Pediatries, Northwestern University Medical School assisted by May Michael, M. D. Orthopedic Surgery. Edited by John Ridlon, A. M., M. D., Professor Orthopedic Surgery, Rush Medical College, assisted by Chas. A. Parker, M. D. Series 1913. The Year Book Publishers, 327 S. LaSalle street, Chicago.

MEDICAL EXAMINING BOARDS' REPORTS

	Examined.	Passed	Failed.
Arizona, July.....	18	12	6
Illinois, May.....	177	140	37
Maryland, June*.....	3	3	0
Massachusetts, May .	45	24	21
Minnesota, June	31	31	0
Montana, July	20	17	3
New Hampshire, July	21	18	3
North Dakota, July..	6	6	0

*Homeopathic Board report

The Connecticut Homeopathic Board licensed the one applicant examined and three others by reciprocity. The Connecticut Electric Board licensed one by reciprocity.

N. J. Board of Medical Examiners.

Supreme Court Justice Parker, on October 26, ordered the State Board of Medical Examiners to show cause before the Supreme Court, at the State House here on Wednesday, November 4, why an alternative or peremptory writ of mandamus should not be issued by the court commanding the board of examiners to issue a certificate of registration to Frederick Collins, of Hoboken, authorizing and commanding him to practice osteopathy in New Jersey. Collins claims to be a graduate of a reputable college of osteopathy, and to be a successful practitioner. In 1913, he sets forth, the State Board of Medical Examiners denied him a certificate of registration, on the ground that Dr. Granberry, of East Orange, the osteopathic member of the board, refused to confirm it. Dr. Collins claims he can advance no reason for this attitude. The hearing is set for 11 o'clock, on November 4, before the Supreme Court.

Higher Preliminary Requirements.

According to the requirements of the medical practice act of Washington, graduates of 1918 and thereafter who desire to practice medicine in that State must show evidence of having completed at least one year of collegiate work in addition to graduation from an accredited four-year high school or an equivalent education. This requirement applies to all students matriculating this fall—for the session of 1914-1915 and thereafter. There are now twenty-one States which have adopted the requirement of one or two years of collegiate work as the minimum requirement of preliminary education.

College Requires Intern Year.

The announcement just received from the University of California Medical School states that all students matriculating this fall—for the session of 1914-1915 and thereafter—will be required to serve a fifth year as an intern in an approved hospital or in other special

work. This is the fifth medical college in this country to adopt this requirement, the others being the University of Minnesota Medical School, Rush Medical College, Leland Stanford Jr. University School of Medicine, and the University of Vermont College of Medicine.

Medical Education and the Public.

"Thirty (should be ten) years ago, any ambitious youngster who had the price could find some 'college' ready to fit him out with the magic letters, 'M.D.'—ofttimes after a 'course of study' so petty that a plumber's apprenticeship was a liberal education by comparison. To-day, most of these diploma mills have been closed—though a few continue to do business at the old stand and to send forth wretchedly unprepared men to undertake that most responsible task in the world, the care of the sick. The country needs, not more doctors, but better ones. It is getting them. The medical course of study in a first-class medical college of to-day is calculated to try the earnestness as well as the ability of a would-be physician."—Chicago Daily Journal.

The Law Regarding Revocation of Medical Licenses.

Complaint is sometimes made in this city that the County Medical Society is not sufficiently active against quacks and particularly against lawbreakers in the ranks of the profession. One very good reason for this apparent laxity, especially as regards the latter class, is that the law officers of the society are not omniscient and often obtain the information necessary to proceed against an offender only by chance. Those who complain appear to be ignorant of the fact that they have the remedy in their own hands and that all that is necessary is for them to call the attention of the proper authorities to the offense in any particular instance. The license to practice medicine may be revoked in any of the following cases: A practitioner of medicine who (a) is guilty of any fraud or deceit in his practice, or who is guilty of a crime or misdemeanor, or who is guilty of any fraud or deceit by which he was admitted to practice; or (b) is an habitual drunkard or habitually addicted to the use of morphine, opium, cocaine, or other drugs having a similar effect; or (c) who undertakes or engages in any manner or by any ways or means whatsoever, to procure or perform any criminal abortion as the same is defined by section 80 of the penal law; or (d) who offers or undertakes by any manner or means to violate any of the provisions of section 1142 of the penal law. (This section provides punishment for those convicted of promulgating indecent articles or supplying others with means for the prevention of conception.) Proceedings for the revocation of a license are begun by filing written charges against the accused. The papers should be made out in duplicate, one copy to be filed with the Commissioner of Education, the other with the Secretary of the State Board of Medical Examiners, Education Building, Albany, N. Y. Charges may be preferred by any person.—Medical Record, August 22.

The following is the Section of the Medical Practice Law of New Jersey providing for the revoking of the medical licenses:

Sec. 6 of the Act to regulate the practice of medicine and surgery in New Jersey, approved May 22, 1894—Chapter cccvi., says: That the board (of examiners) may refuse to grant or may revoke a license for the following causes, to wit, chronic and persistent inebriety; the practice of criminal abortion; conviction of crime involving moral turpitude or for publicly advertising special ability to treat or cure chronic and incurable diseases; or where any person shall present to this board any diploma, license or certificate that shall have been illegally obtained, or that shall have been signed or issued unlawfully or under fraudulent representations; in complaints for violating the provisions of this section, the accused person shall be furnished with a copy of the complaint, and given a hearing before said board in person or by an attorney; and any person, after such refusal or revocation of license, who shall attempt or continue the practice of medicine, shall be subject to the penalties hereinafter prescribed.

Public Health Items.

Men who are occupied in the restoration of health to other men by the joint exertion of skill and humanity, are above all the great of earth. They even partake of divinity. Since to preserve and renew is almost as great as to create.—Voltaire.

The Health Board of Trenton discontinued free vaccination September 23. It was estimated that 8,000 persons had been vaccinated during the summer.

Local Health Reports.

Dr. Edward P. Essertier, Health Officer of Hackensack, reported last month that there was not a case of contagious disease in the city.

Dr. John F. Leavitt, Health Officer of Camden, reported September 15 the same number of contagious disease as in August 4-5, though there were 10 cases of typhoid or four more than in August.

Diphtheria Closes a School.

Owing to the discovery of diphtheria in the Bowlbyville Public School, that institution was closed October 30 by order of the Randolph Township committee.

The death rate in New York City for the first thirty-eight weeks of this year was 13.94 per 1,000 as compared with a rate of 14.20 for the corresponding period of 1913.

Inspection of Oyster Business.

The officers of the State Board of Health made the annual inspection of the oyster business in Maurice cove and river last month.

Must Give Full Time to Work.—The commissioner of health has issued an order prohibiting all heads of bureaus receiving a salary of $5,000 or more, from engaging in any work not connected with the department.

The inspection is reported to have shown a highly satisfactory sanitary condition.

Seeks to Stop Unnecessary Noise.

The Board of Health last month directed that a letter be sent the Lackawanna Railroad calling attention to the unnecessary noise at night, with the view to abating it. Dr. Samuel C. Haven said that lately it had become a nuisance. Patients in Memorial Hospital complain that they cannot sleep because of the noise made by trains, he said, and the residents of a considerable portion of the town are disturbed in their rest by the noise. Dr. Haven said the Board of Aldermen some time ago called attention to the nuisance, and for a time conditions were better.

Infant Mortality.

One speaks of armies being "decimated" by war; of a people being "decimated" by a pestilence, and at such conditions remains aghast at the tragedies of human existence. Yet the universe looks on unmoved at a decimation or slaughter which has been in our midst for untold generations. Under the very best conditions this destructive process amounts to simple decimation; at the worst, not merely simple but to double, triple and even quadruple decimation. This form of decimation is infant mortality, which until recent years has practically passed unnoticed. . . . A new-born child has less chance of living a week than a man of ninety, and of living a year than a man of 80. Over 3,200,000 infants less than a year old perish annually in the countries forming the civilized world, or, in other words, one infant dies in every ten seconds, every hour of the twenty-four.—Alan Brown and George Campbell, Canadian Med. Ass'n Jour.

Disease Prevention Day.

More than two million Hoosier men, women and children celebrated on October 2, what is probably the most unique holiday ever given the people of Indiana. By proclamation of Governor Ralston, all Indiana for that one day focused its attention in a new way on preventable diseases. Cities were decorated, factories closed, merchants suspended business and spectacular parades were the feature of the day's doings.

The day became one of education for the school children on the subject of preventable disease. Hundreds of thousands of school children marched in parades, carrying banners and pennants on which were phrases telling facts about health and diseases. Hundreds of floats portrayed in some manner, important health truths. Church societies, chambers of commerce, women's clubs and other organizations joined in the celebration. State militia, including the hospital corps, took part. Merchants seized the opportunity to display health-giving foods, healthful clothing, athletic goods and utensils used in the general health propaganda.

Illinois Health Department, Reorganized.

The Illinois Health Department is to be remodeled if the report of the State Efficiency and Economy Commission appointed to consider a plan of reunion is adopted by the Legislature. It is proposed that the State health department should consist of a State board of health of five appointed unpaid members and a salaried health commissioner. The health commissioner is to be the executive head of the department and the board of health will act in an advisory capacity. In the department are to be included bureaus of vital statistics, of foods, of drugs, and of sanitary inspection. The scheme also contemplates boards to examine and license physicians, pharmacists, dentists and nurses, with power to revoke such licenses for just cause.

American Public Health Association.—The forty-second annual meeting of this Association will be held in Jacksonville, Fla., on November 20 to December 5, 1914.

The Southern Health Exhibition will be held in Jacksonville, Florida, November 27th, to December 6th, 1914, in connection with the Forty-Second Annual Meeting of the American Public Health Association. At this exhibition will be attractively shown material covering a wide range of subjects pertaining to health conservation which will appeal, not only to the sanitarians, but to the public at large. The exhibits will comprise the work of State and municipal boards of health and of private and semi-public organizations throughout the entire South, as well as the work of the United States Public Health Service. Almost every phase of health conservation work will be covered, such as rural sanitation, typhoid, hookworm, tuberculosis, pellagra, malaria, school construction and medical inspection, infant and child hygiene, midwifery, vital statistics, milk and water supply, food and drug inspection, habit-forming drugs, insect carriage of disease, fly eradication, plague prevention and rat extermination, and laboratory work, together with modern sanitary apparatus of every description.

Alcohol Forbidden in the German Army.

Strict orders were issued at the time of the mobilization of the army that no one should offer or sell to any of the troops any alcoholic drink. The sale of liquor of any kind at the stations was forbidden. A Munich exchange remarks that in 1870 floods of beer were offered to the troops passing through the city on their way to the front and discipline suffered thereby in many instances; the present orderly mobilization, it adds, shows a marked contrast in this respect.

The War and Public Hygiene.

The prefect of the Seine has just posted on the walls of Paris large notices enjoining on the owners of buildings the measures of cleanliness and hygiene necessary to protect the public health, such as the emptying of cesspools, the removal of rubbish, the burning of refuse, the cleanliness of courts and stairways, the emptying of stagnant water, etc.

It is regrettable indeed that under such serious circumstances as the present, unscupulous persons do not hestitate to exploit public credulity by their brazen advertisements. Thus, everywhere among the official notices are seen small posters headed "Public Hy-

giene" and as a subheading "To Avoid Epidemics." The poster begins by recommending a series of precautions having to do with personal cleanliness, avoidance of alcoholic excesses, etc. Then comes the following advice: "Drink only water in which has been disolved a packet of LITHINES of Dr. X. . . .Water thus prepared is a healthful, economical and slightly effervescent mineral water," etc.

—A. M. A. Paris Letter.

Health of Troops at the Front.

Reports from the firing line show that our surgeons have been on duty with the same unremitting activity as our soldiers, as is easy to understand. According to a communication from a young colleague, he has in the last few days at times been in the saddle for thirteen hours and then worked for the same length of time in the hospital. The health of our troops is characterized as good by an official report of the chief of the medical service in the field. So far no epidemics have arisen. To be sure, a part of our troops are in a hostile country which has not enjoyed the same hygienic advantages as our home country, and whose inhabitants are many of them carriers of the germs of infection, but the extensive foresight of the German military organization is effective against even these obstacles. Vaccination has been strictly enforced and if necessary will be carried out among the hostile inhabitants. Apparatus for examinations for typhoid, cholera and dysentery, and vaccination material are carried with the army. Expert hygienists are found in the ranks of our army surgeons. In our own country there is no notable increase of infectious diseases. In this respect the prisoners of war are carefully watched. The wounds received in the regular course of war show a good tendency toward healing. The German first treatment, especially the German first-aid bandage, are showing good results. The bandages applied at the front remained in good position during the transportation to the rear.

—A. M. A. Berlin Letter.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, September, 1914.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending September 10, 1914, was 3,312. By age periods there were 889 deaths among infants under one year, 252 deaths of children over one year and under five years and 850 deaths of persons aged sixty years and over.

A large number of deaths took place from accidental drowning, the number for the month being 59. Sunstroke was fatal in 7 cases.

The general death-rate of the State shows a decrease from the corresponding period last year, the figures follow:

Death-rate for month per 10,000 population, 11.71 in 1913, and 11.41 in 1914.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending September 10, 1914, compared with the average for the previous twelve months, the average in each case being given in parenthesis:

Typhoid fever, 21 (22); measles, 8 (22); scarlet fever, 7 (22); whooping cough, 38 (32); diphtheria, 35 (48); malarial fever, 2 (1); tuberculosis of lungs, 304 (306); tuberculosis of other organs, 41 (45); cancer, 192 (182); diseases of nervous system, 252 (299); diseases of circulatory system, 402 (507); diseases of respiratory system (pneumonia and tuberculosis excepted, 98 (205); pneumonia, 66 (256); infantile diarrhoea, 570 (180); diseases of digestive system (infantile diarrhoea excepted), 255 (199); Bright's disease, 249 (247); suicide, 47 (41); all other disease or causes of death, 725, (694); total, 3,312 (3,308).

Bureau of Contagious Diseases and Sanitary Inspection.

Fourteen hundred and thirty-four cases of communicable diseases were reported to the State Board of Health during the month of August, 1914. This is 60 cases less than were reported during the corresponding month in 1913.

There has been a decided falling off in the number of cases of typhoid fever reported during August, 1914, as compared to the number of cases reported during August, 1913, the figures being 114 cases in August, 1914, against 293 cases in August, 1913. This decrease of 39% in the number of cases reported throughout the summer months of the present year should result in the lowest yearly typhoid rate ever before recorded in this State. Hunterdon, Morris and Sussex Counties reported no cases, whereas in August, 1913, cases were reported from every county in the State. The largest numbers reported were in Essex, 35; Atlantic, 24; Hudson, 18; Camden, 17, and Monmouth, 15.

Diphtheria was reported during the month from every county in the State except Sussex, 314 cases against 327 cases in August, 1913. The largest numbers reported being: Hudson, 103; Essex, 88; Union, 24; Middlesex and Passaic each 15, and Mercer, 14.

Scarlet fever was more prevalent in August, 1914, than during the corresponding month in 1913, there being 157 cases in August this year against 96 cases in August, 1913. The largest numbers being: Essex, 48; Hudson, 40; Middlesex, 15, and Passaic, 14.

Cases of tuberculosis were reported from every county in the State except Ocean and Salem, 618 cases in all. Six hundred and fifty-two cases of this disease were reported in August, 1913. The largest numbers reported were Essex, 221; Hudson, 157; Passaic, 56; Mercer, 37; Union, 32; Camden, 27, and Middlesex, 24.

Malaria was reported during August from Atlantic, Bergen, Essex, Mercer, Middlesex, Morris, Sussex and Union Counties, 114 cases in all. In August, 1913, only 70 cases of malaria were reported. The largest number in Sussex 53 and 28 in Mercer.

Bacteriological Department.

Specimens for bacteriological diagnosis were examined as follows: Specimens examined from suspected cases of diphtheria, 287; cases of tuberculosis, 465; cases of typhoid, 416; cases of malaria, 63; miscellaneous specimens, 120; total, 1,351.

Food for Thought.

The bravest battle that e'er was fought,
Shall I tell you where and when?
On the maps of the world you'll find it not;
'Twas fought by the mothers of men.
—Joaquin Miller.

Plain, common courage has much more influence than intellectual altitude.
—Wilfred T. Grenfell.

If the opportunity for great deeds should never come, the opportunity for good deeds is renewed for you day by day.—Farrar.

Keep yourself in the midst of life. Do not isolate yourself. Be among men and among things and among troubles and difficulties and obstacles. You should remember Goethe's words, "Talent develops itself in solitude, character in the stream of life."—Henry Drummond.

Disappointment and misfortune are not always exils. Disappointment will make us conversant with the noble part of our nature. It will chasten us and prepare us to meet accident on higher ground the next time. As Hannibal taught the Romans the art of war, so is all misfortune only a stepping stone to fortune.—H. D. Thoreau.

'Tis no idle challenge which we physicians throw out to the world when we claim that our mission is of the highest and of the noblest kind, not alone in curing disease, but in educating the people in the laws of health, and in preventing the spread of plagues and pestilences; nor can it be gainsaid that of late years our record as a body has been more encouraging in its practical results than those of the other learned professions. Not that we all live up to the highest ideals, far from it—we are only men. But we have ideals, which mean much, and they are realizable, which means more. Of course there are Gehazis among us who serve for shekels, whose ears hear only the lowing of the oxen and the jingling of the guineas, but these are the exceptions. The rank and file labor earnestly for your good, and self-sacrificing devotion to your interests animates our best work. —Osler.

Man to be great must be self-reliant. Though he may not be so in all things, he must be self-reliant in the one in which he would be great. This self-reliance is not the self-sufficiency of conceit. It is daring to stand alone. Be an oak, not a vine. Be ready to give support, but do not crave it; do not be dependent on it. To develop your true self-reliance, you must fight for yourself; you must be your own soldier. You cannot buy a substitute, you cannot win a reprieve, you can never be placed on the retired list. The retired list of life is—death. The world is busy with its own cares, sorrows, and joys, and pays little heed to you. There is but one great password to success—self-reliance.—Selected.

Facetious Items.

"Pa, the doctor at the hospital said that he would have to have a lot of cuticle to cure Mamie's burns."

"Well, tell him to telephone to the nearest druggist for all he wants and charge it in the bill."—Baltimore American.

Miss Leigh—"I admire your effects so much, Mr. Dauber. I sincerely wish I could carry some of your brilliant coloring away with me." Mr. Dauber—"I think you will to-day, madam. You're—er—sitting on my newly made up palette!"—London Telegraph.

He wrote about his sainted wife,
But when he saw the paper, fainted,
For though he'd written "sainted wife,"
The blame-fool printer set it "painted."
—Los Angeles Express.

Teacher (after reading the "Charge of the Light Brigade")—Who were the 600 referred to in the verse, "Into the jaws of death rode the 600?"

Pupil—I guess they were dentists, ma'am.

An alienist, while going through the insane asylum at Howard, R. I., not long ago, came upon a man sitting in a brown study on a bench.

"How do you do, sir," said the alienist kindly. "What is your name, may I ask?"

"My name?" said the other, frowning fiercely. "Why, King George of course."

"Indeed!" replied the alienist. "But the last time I was here you were Theodore Roosevelt."

"Yes, of course," answered the other quickly; "but that was by my first wife."

A Grateful Patient's Testimony.

"This doctor's thoroughly competent, I can really thank him for restoring me to life and health. When he took charge of my case I could move neither hand nor foot; and six months later after he had sued me for the bill, I was able to walk to court and declare myself bankrupt."—Fliegende Blatter.

A Poser.—"There is nothing the matter wih you," persisted the Eddyite, "absolutely nothing. Can I not convince you?"

"Let me ask you a question?" replied the sick man.

"A thousand if you like."

"Well, suppose a man has nothing the matter with him, and he dies of it, what didn't he have the matter with him?"
—Philadelphia Press.

Made His Mark.—"Well, young Dr. Slicer has made his mark already, hasn't he?"

"Yes; did it on his first case."

"Great Scott! What did he do?"

"Vaccinated him."

Willie—"Paw, when does a man feel his oats?"

Paw—"When he is full of corn and rye, my son."—Cincinnati Enquirer.

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MUCOUS COLITIS.*

By David A. Kraker, M. D.,
Newark, N. J.

There are many names accepted by authorities for this condition, including among them, Mucous Colic, and Membranous Enteritis as well as Mucous Colitis, but they are all synonomous, and the name first given is the most satisfactory from my point of view.

History. The condition was first described in 1825, by Mason Good who termed the condition Tubular Diarrhea; Woodward in the Medical and Surgical History of the War of the Rebellion, described a condition common among the soldiers of the Union Army, but this condition was not Mucous Colitis but really a Chronic Enteritis. The disease as a complete entity was first mentioned by Da Costa, in 1871; he described the nervous elements of the disease, but claimed it was not a true inflammation; this theory has still a great many advocates; Leyden in '81, called attention to the peculiarity of the dejecta, and later Nothnagel, called the condition Mucous Colic, in order to show that a true enteritis does not exist. His description is as follows: "A condition characterized by the excessive production of mucus in the colon, by attacks of painful spasms, of varying degrees of severity and frequency, accompanied or followed by the expulsion of mucus in gelatinous masses, or in the form of tubular casts, or in tape-like pieces or strings, and are further characterized by anomalies of the gastro-intestinal functions, and by varying nervous symptoms. (Kemp.)

Etiology. It is most common in women and particularly between the ages of 20 and 40, frequent in middle life and is occasionally seen in young children. Boas reports a case in early infancy. Langenhagen shows in a report of 600 cases, 141 men, 435 women and 24 children, this is about the average. There are various theories in reference to the cause and they are outlined by Kemp as follows:

1. Neurasthenia as a prime factor, regarding the condition as a secondary neurosis, this is supported by Da Costa, Siredy and Mendelson.

2. The Anatomic Origin. Enteroptosis. This is supported in a degree by Boas and Ewald, and regarded as the real cause by Glenard.

3. A partly nervous and anatomic origin is attributed to it, by a number of investigators. Mathieu considers it a hypersecretion of mucus, in patients of a neuro arthritic type, intestinal sand being present, and enteroptosis existing. Hemmeter believes that there is some connection with arthritis, Von Norden attributes it's cause to constipation of long standing, in nervous subjects. Einhorn believes it is a neurosis, which is practically always associated with enteroptosis, and that many cases show achylia gastrica present. Tumors, adhesions, enlarged prostate in the male, are regarded as causative factors. Tuttle believes it is of organic origin. Rogers traces the cause to the liver, and suggests, that there is an anti-coagulant in healthy bile and when it's production is interfered with by enteroptosis, an abnormal accumulation of mucus begins.

Pathology. The pathological changes are not clear, nor characteristic. We often find no inflammatory signs (characteristic), very often a catarrh of the large bowel, particularly the sigmoid is present. The sigmoid,

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and descending colon seem to be predisposed, and the cecum, ascending and transverse colon rarely involved, this conclusion is reached from a study of the subjective symptom of pain, which is usually localized to the left half of the abdomen, and because of tenderness on palpation being localized to the left side.

The mucus may be passed in long thin bands, may be tubular and may be casts of the bowels, or in jelly-like masses or in shreds, all may be streaked with blood, particularly when the mucus is stringy and blood streaked. Kemp suggests that the dejecta should be differentiated from animal or vegetable matter, by examination, by the following method. First treating with sublimated alcohol, then staining with Ehrlich's triacid stain, with mucus it turns green, with fibrin red., microscopially it consists of a structureless matrix, with columnar epithelium scattered therein, its main constituent is mucus.

Symptoms. 1. The typical symptom is the discharge of mucus, its form and character has described.

2. Colicky and painful paroxysms, set in either with the discharge of the mucus or before it, and are usually relieved after the mucus is expelled. Associated with the colic, we may have dizziness, palpitation, dyspnoea, and the patients are inclined to become melancholic and worry a great deal about their condition.

3. Constipation; this is considered by many the most common associated symptoms; personally I have seen as many cases with diarrhoea, and it is usually the frequent movement which calls the patient's attention to the mucus, they being inclined to consider the pain due to the physic if constipated, and the cramp due to ordinary diarrhoea until they see the bloody mucus.

4. Tenderness on pressure over the descending colon and sigmoid, and dullness on percussion when the bowel is empty, this is Traube's sign.

5. Mucus shreds or casts found in irrigating the bowel to relieve the pain, or as an enema.

These patients are usually extremely nervous, but whether the nervousness is the cause or the result is a mooted question.

In twelve cases treated in private practice, in women, all suffered with an enteroptosis to a greater or less degree; in one case the condition developed after an hysterectomy, and the patient was treated for adhesions, with apparently no permanent relief until the treatment was directed to the bowel.

Diagnosis. This is usually easy if the patient is carefully questioned; examination with the sigmoidscope, is not always of great help, in some cases where large tubular casts have been passed the mucous membrane appeared normal, in other cases where only mucus and shred were seen the mucous membrane showed signs of active inflammation.

Kemp has made elaborate studies of enteroptosis and gastroptosis at the Manhattan State Hospital, and believes that they are the chief factors in the causation of Mucous Colitis, This is practically endorsed by Glenard, Einhorn, Boas and Ewald.

Treatment. In considering the treatment, we should try to remove the apparent cause at the outset. Dietetic treatment should be resorted to that will help to overcome the constipation if existent, and which will tend to tone up the general condition and, if possible, put on weight. A diet with a large fat component is very advisable, there is some objection quoted to this occasionally, but ordinarily it is advisable. Cereals and starches are used by some, those without rough residue, as is usually suggested in constipation, as they are likely to irritate the mucous membrane. Von Noorden and Einhorn believe that the cereal will stimulate the mucous membrane, producing slight hyperemia, increase the contractility of the muscular coat of the bowel, and tone up the mucous membrane. Rodari recommends with Kemp a mild diet early in the attack, with enteroclysis of olive oil as described by Fleiner, 500 cc. given in the Syms position daily, and retained over night if possible, (patients gradually develop ability to retain it), for a week or so gradually coming down to three times a week and less as case improves.

Washing out the bowel (high enema) of saline solution at night before using the oil is to my mind very advantageous, as you clear the bowel first and the oil is less likely to cause a tenesmus. I have tried the method of Gant in some cases in giving the oil and have also used crude oil 100 to 200 c.c. given by rectum through the high rectal speculum, the patient with head and torso down over a table, legs resting on the table; this method is efficacious but is rather prone to be strenuously objected to after the first trial due to the uncomfortable position.

Drugs by mouth are not of great value

alone. Atropin in small doses for the spasm, or belladonna in tincture x mms, every three or four hours even kept up until physiological effect is reached is of great value. Ocassionally codeine in ¼ or ½ grain doses or even small doses of morphine may be necessary to relieve acute severe pain. But in severe pain if high rectal irrigation is resorted to with the addition of one dram of oil of peppermint to three quarts of saline, warm, the spasm is usually relieved readily.

The use of intestinal antiseptics has some value, ichthyol in pill form, betanapthol, aspirin, icthalbin, etc., are used.

Irigations of mild astringents may be used where diarrhoea is present. Argyrol in solution of one to 2,000 is sometimes beneficial, but personally I feel that saline is safer. The use of astringents should be carefully considered, as this condition is sometimes produced where astringents have been used in the treatment of diarroheal conditions.

Locally the application of moist heat with spice poultice, hot stupes of flannel wrung out of hot water should be used, dry heat is sometimes equally efficacious, the hot water bag, or the electric pad, or a band should be constantly worn by the patient.

Operative interference for prolapsed organs has not been of real advantage but may be tried if other methods fail.

Some cases have been benefited after appendectomy, but it is hard to find a definite connection with this condition and chronic appendicitis.

The use of carbonic acid enemas as suggested by Dr. Rose is of value, a wide neck bottle with a tube passing through the cork, and attached to a rubber rectal tube is passed up the bowel, the patient sitting over the bottle on a chair, ½ dram of soda bicarb and tartaric acid are placed in the bottle and filled two-thirds full of water, the gas is immediately generated and passes up the tube, this is done daily, occasionally patients complain of dizziness and nausea, but it is often very valuable.

Appendicostomy has been of benefit, irrigating the bowel, through the appendix imbedded in right hypogastric wall, with hot saline, as much as five gallons at a time.

Surgery. Colostomy—right inguinal—has been recommended but it does not overcome the ptosis. Shortening of the suspensory ligaments of the stomach and colon may be done with more direct relief. Gastropexy and colopexy.

Some have suggested a tightening of the recti, to relieve the relaxed abdomen, this has been advocated by Robert Morris. This seems to be practical but surgery should always be regarded as a late measure in this condition.

DISCUSSION.

Dr. W. Blair Stewart, Atlantic City: Dr. Kraker is to be congratulated on his excellent presentation of this subject. In general practice it is a common custom to call every discharge of mucus, mucus colitis, irrespective of the underlying causes. It is a symtom only, produced by some organic or inorganic cause in the gastrointestinal tract. Neurasthenia and vagotony of the sympathetic have been termed causes, but a close study of your case will always show some reflex cause for these conditions. Ulcer of the stomach or duodenum will cause improper digestion of the food taken and will allow an acid, fermenting and irritative mass to pass into the intestines, there to produce catarrhal conditions with their discharge of mucus.

Gall bladder and appendiceal troubles also give us digestive disturbances that cause irritation and mucus in large quantities. Bands of adhesion have been shown by Lane, Mayo and others to interfere so much with digestive processes and motility that most obstinate mucus catarrhal conditions arise. There are also the dietetic causes that are most common. Foods of various kinds are taken rapidly, often washed down with fluids, improperly masticated and fermentive indigestion results irrespective of organic lesions, and the usual train of symptoms follow.

Some cases of mucus colitis find their origin in impactions in the rectum which, when removed cure. One of the worst so-called cases of mucus colitis in my practice was cured by the removal of impacted cherry stones which were taken weeks before. Never fail to examine the rectum thoroughly in these cases as many apparently typical cases show their origin here—impactions, foreign bodies, ulcers, cancers, tuberculous masses, hemorrhoids, etc. The idiopathic cases (our don't know cases) often defy every effort to locate them. Much can be learned from laboratory studies of the fecal and mucus discharges.

When a patient has reached the stage of inspecting every movement, stirring it, straining it, often examining it with the hands, and constantly dwelling on it, it is imperative that some operative cause be found if possible and removed before the mental conditions become fixed.

Medicinal treatment of chronic mucus colitis is only palliative and of little service in most cases. Apparent cures are found, but relapses are the rule unless the prime cause is removed. Pending your study of the case, rest, a diet with little residue, no sugar or excess of starches, no iced drinks and strict hygienic measures is the best method of treatment. Do not forget the woolen bands to the abdomen to be worn day and night. Medicinal treatment is wholly symptomatic.

Dr. D. A. Kraker, Closing the discussion: In my paper I was inclined to consider mucous colitis as a result of mechanical interference.

Enteroptosis and adhesions resulting from it, rather than a pure mucosis. Dr. Stewart has suggested that the mucosis is not the cause, and I agree with him. Surgical measures in the treatment of this condition are being used in cases of long standing. Appendicostomy is the favorite measure because it allows for a more thorough irrigation of the whole large intestine including the caecum. I have performed this operation a number of times with good results.

DIVERTICULITIS.*

By William F. Faison, M. D.,
Jersey City, N. J.

The entire alimentary canal, from the pharynx to the end of the rectum, is liable to diverticuli. It is either acquired, or congenital; complete, embracing all the coats of the intestines; or partial, embracing submucous and muscular coats. A true type of the congenital is Meckel's diverticulum, the remains of the omphalo-mesenteric duct. The appendix itself is a type of diverticulum; the gall-bladder could also be put under this type.

Diverticuli were known a hundred years ago. Virchow, in 1883, spoke of isolated circumscribed adhesive peritonitis along the hepatic and splenic membranes of the colon. Bitdorf, in 1909, gave his contribution to pericolitis. Gracer, in 1899, was the first to demonstrate the association of acquired diverticuli pathologically with processes in the alimentary canal. Since that time the Mayos and their staff have done more to elucidate this condition than any other men. Gardinier and Sampson, in their statistics, found record in the Dresden clinic of 64 cases in 8,132 autopsies; in the Johns Hopkins Hospital clinic 19 in 2,600; in the Boston City Hospital only 1 case in 2,382. As many as 400 have been found in one case.

CAUSES.

The causes in the acquired condition are exceedingly obscure. Constipation, weakened spot where the blood vessels enter the intestines, wasting diseases, obesity, tension from within the gut or traction from without; in fact, anything that lowers the muscular tone of the intestines.

SYMPTOMS.

The symptoms are exceedingly obscure, so much so that is it only after the abdominal operation that the true pathology is found. Pain of a colicky character, constipation, vomiting, rise of temperature, tenderness, confined in majority of cases to the left side over the sigmoid,—in other words, "left side appendicitis" is very suggestive of diverticulitis. The sigmoid is by far the most common place for this trouble, probably due to irritation from retained faeces, this being the trap of the alimentary canal. Symptoms in other cases are variable. We may have acute or chronic cases, as we have in appendicitis.

Diverticulitis of the small intestine is practically never recognized, except after operation,—in fact, the first case ever reported was Sampston's case in 1907. The Mayos, with their enormous experience, had never had a case up to 1912.

SEQUELAE.

The acute symptoms may entirely subside, or infection may migrate through the intestinal canal into the peritoneal tissue, setting up a peridiverticulitis; that has been thoroughly discussed by Wilson. Perforation may take place in the abdominal cavity setting up general peritonitis, or we may have a localized abscess as we frequently get in appendicitis, which may open into some of the viscera, particularly the bladder, or it may perforate through the external abdominal wall, giving us a type of fecal fistula, or malignant degeneration may occur which was the case in 25 per cent. of Mayos' first 27 cases.

Cancer of the sigmoid has frequently been mistaken for peridiverticulitis. The gut is narrowed. The patient is frequently operated on. Artificial anus probably made, and instead of the patient dying in eighteen months to two years, he lives on for years and years. Simply a case of mistaken diagnosis. There is one case I know of in my own city that is in good health after what was supposed an operation for cancer of the bowels, nine years ago.

My own operating experience is confined to six cases. The history of a few of them may not be out of place.

Mr. A, 50 years of age, gave a history of chronic appendicitis extending over fifteen years, having had during that time repeated exacerbations, pains, fever, colic, constipation and diarrhoea. At the time I saw him, he had a typical attack of left side appendicitis, which, by the way, was the only case I diagnosed correctly before operation. An incision was made through the outer edge of the left rectus; the outer leaf of the mesentery of the descnding colon was cut, and the sigmoid lifted out;

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the diverticulum was excised and the bowels closed in antero-posterior set of stitches. The patient made a good recovery and has been well for the past three years.

Mr. B, a Greek, 29 years old, presented himself with obscure symptoms in the right side over the appendix. It was almost impossible to get a complete history as he spoke so little English. A mass was felt and thought to be pus in the carcinoma. An incision in the outer edge of the right rectus disclosed a mass of intestine which was resected and ileo-colotomy done. This was thought to be carcinoma until it was split open afterwards, when it proved to be diverticula, possibly undergoing cancerous degeneration.

Mr. C, case of diverticulum of the cystic duct. In other words, there were two apparently distinct gall-bladders full of stones. Stones removed. both diverticula or gall-bladders drained. Uninterrupted recovery.

Mr. D, young man, 24 years old, chauffeur, gave a history of cramps in the abdomen lasting for half an hour. Vomiting and relief. This had extended over a period of five years when I saw him. Diagnosis possible appendicitis, and advised operation. After leaving my office he was taken with pains while driving car, rushed to hospital, diagnosis of appendicitis was made. I saw him four hours afterward; the most marked abdominal rigidity I have ever seen; temperature 101, pulse 120. I thought I had at that time a perforated ulcer of the stomach. At 11 o'clock at night the abdomen was opened—no ulcer—no appendicitis—but multiple small diverticulae throughout the entire big gut, filled up with enteroliths. (Mr. Lane would probably have taken out the entire big gut,—I did this operation one time and certainly did not attempt to do it in this case.) Six ounces of castor oil were put into the stomach through the stomach tube. Patient recovered but still has some colicky pains off and on at the present time.

There have been reported, so far as I know at the present day, only three cases of diverticulitis of the small bowel. I have been fortunate enough to have had two cases.

Mr. E., 36 years of age, has been in fair health with the exception of periodic constipation alternating with diarrhoea. Was seen in consultation with Dr. Swiney of Bayonne. History: For five days he had had only slight movement from the bowels, notwithstanding the fact that copious injections had been given, with castor oil by the mouth. The injections brought away mucus and some little evidence of gritty matter, which symptoms should have given me the key to the diagnosis. At the time I treated him the obstruction was complete, the bowel terribly distended, pulse good, no elevation of temperature, no vomiting. I suspected volvulus. He was removed to a hospital, colotomy was done, and we found multiple diverticulae from half to an inch and a half deep extending throughout the ileum; probably there were 40 to 50. These diverticulae were matted together from inflammatory adhesion, causing the obstruction. On account of the distension of the bowels, resection was impossible. Bowels were pulled outside of the abdominal cavity, peritoneum stitched around and the gut opened. After drainage for three weeks, fifteen inches of the intestine were resected and a lateral anastomosis was done. He made a good recovery and is well now, two years afterward.

Mrs. F., an Italian, married, no children, was operated on by me for some obscure abdominal trouble ten years before this present condition. The condition found at that time gave evidence of some obscure type of mesenteritis. Intestines were matted together. Broke up a few of the adhesions; sewed up the case. She got over the operation and very slowly improved, never entirely well.

Second operation: She had moved from the city and was taken very ill 40 miles out in the country. She came in to the hospital with complete intestinal obstruction extending over two days. The abdomen was opened immediately and a diverticulum of the jejunum, a typical aneurism as large as a cocoanut, was found, which I ruptured in attempting to get it out. It contained a pint or more of the intestinal contents. This part of the bowel was resected and end to end anastomosis made. She died seven days afterwards from peritonitis. This was a typical diverticulum from traction from without.

SUMMARY.

Diverticulae are exceedingly common, though very rarely do they produce pathological conditions. They are exceedingly more common in the large bowel than in the small one. The causes are absolutely unknown, but, generally speaking, they are due to a weakened condition of the mus-

cular coat of the intestine, accompanied with pressure from within and traction from without. The symptoms in most cases are very obscure but from the fact that it is very much more frequent in the sigmoid than in any other part of the intestinal tract, and therefore the symptoms of left side appendicitis, especially if the patient was past middle age, would be very suggestive of diverticulitis.

The treatment in a great majority of cases is surgical; always, when it has gone on to abscess.

DISCUSSION.

Dr. Louis Franklin, Jersey City: Dr. Faison in his remarks has thoroughly covered the subject of diverticulitis so far as we understand it to-day. Why he chose this particular subject of which so little is so definitely known is difficult for me to say except to call our attention to the condition, so that we may be on the lookout for it. There is no doubt but that a certain number of cases escape us for want of recognition, because at operation or autopsy a diverticulitis which has undergone conver?? change may be so far advanced in its malignancy as to obliterate evidence of a pre-existing diverticulitis. On the other hand that the condition is not frequent is evidenced by a report of Dr. Sampson in 1907, in which he details 2,600 complete autopsies performed at Johns Hopkins and only 19 diverticuli were found. At the Fairmount Sanatorium from June, 1913 to June, 1914, we have had 305 abdominal cases and only one case of diverticulitis. This in spite of complete examination of the entire abdomen at each operation.

The sigmoid is the most frequent site for diverticuli and its presence may in some measure account for the relative frequency of cancer in this situation as compared with that in the small intestine. As to etiology a predisposing cause may be an inherent weakness in the circular muscular fibres of the bowel, while the exciting cause, as the doctor has told you, is constipation. When there is a leakage of intestinal contents or bacteria through the wall of the diverticulum an inflammatory reaction is set up, with the production of a peridiverticulitis.

The relation of diverticulitis to cancer is similar to the relation between gastric ulcer and gastric cancer. The little of an island of epithelium segregated but nourished, will continue to grow and upon its invasion of surrounding tissues will depend the diagnosis of cancer.

Of the congenital type Meckel's is the most frequent. It is the remains of the omphalomesenteric duct, no obliteration, may be anywhere from the jejunum to the caecum, usually one meter from the caecum. If it remains patent throughout its entire extent we have an umbilical anus, if distal the ordinary Meckel's with a fibrous band running from the tip to the umbilicus, this often causes obstruction. If the proximal obliterates we have the formation of an interic cyst.

A few years ago, in order to enjoy the full benefits of education, a child had to be blind, deaf, tuberculous or idiotic to get individual insturctions, proper food, proper ventilation and sufficient time on the playground. Now we have school physicians, school nurses, out-door class rooms, athletics contests. etc. We may soon vie with the ancient Greeks, who have never been surpassed. They are of the highest type physically, mentally and morally. Their architecture, literature and are have never been equalled. When J. Pierpont Morgan built a library, he wanted the most beautiful building that money could buy. He got a Grecian building. I believe in work and I believe in play, but the best thing I know of is to make play of our work, in other words to be enthusiastic.

At what age to send a child to school is a problem. Dr. Jenkins has said that some children are fit to start at the age of six, that at seven it is compulsory in New York. I believe that no child should go until nine years of age. I am informed that Woodrow Wilson learned his letters at the age of ten and as the late president of Princeton University he should know something about education and he sent his own daughters to school at the same age as he started. You may not agree with him politically but you must admit that a man able to edit President Eliot of Harvard is an educated man.

SECOND PRIZE ESSAY.

Presented at the 148th Annual Meeting of the Medical Society of New Jersey at Spring Lake, June 30, 1914.

THE REDUCTION OF INFANT MORTALITY.

How It Can Be Best Accomplished?

BY DAVID E. ENGLISH, M. D.,
Summit, N. J.

In order to discover how best to reduce infantile mortality, it is first necessary to study the causes; next to determine how best to abolish those causes so far as that is possible; third to find out how to combat, so far as we can, the effects of those causes, until they can be abolished. The causes may be divided into Congenital, Environment, Food and Feeding, Diseases.

The Congenital Causes are congenital diseases, congenital tendencies, and lack of proper care of the pregnant woman. The only congenital disease that needs to be considered is syphilis. Syphilitic people should not be allowed to breed. If a syphilitic woman is found to be pregnant, both she and her husband should be at once put on active anti-syphilitic treatment. The infant should be put on anti-syphilitic treatment when one week old, and this should be continued intermittently until after puberty.

Infants inherit abnormal tendencies from their parents. A nervous woman will generally bear a nervous child. A drunken father will beget an infant with an unstable nervous system, and with little will power. These infants are more prone to die than the children of normal parents, and need food rich in fat and phosphates. A confirmed criminal will often have weak, deformed, or degenerate offspring, unable to successfully resist disease, or the handicaps of their surroundings. Drunkards and criminals should not be allowed to breed. Such a law, if it could be thoroughly enforced, would considerably reduce the mortality rate among infants. The same may be said of people with tuberculosis, or other chronic disease.

Pregnant women, if they are to bear strong infants, should live in sunny, well ventilated houses; should be much out of doors; should not be overworked; should be carefully and properly fed; should be in bed ten hours of each twenty-four; should not be allowed alcohol in any form; should not be constipated; should wear light loose, warm clothing, with no corsets, or constricting bands, and with low heels on their shoes; should be free from care and anxiety; should have cheerful society; and should be under the care of a physician, or at least of a carefully trained visiting nurse.

Environment. Bad environment is probably the greatest cause of infantile mortality. Bad environment includes wrong home care, or lack of care; dirt; poor ventilation, or none; unsanitary housing. The percentage of deaths from bad environment does not show in the published statistics. The death certificate states the cause of death to be gastro-enteritis, or tuberculosis, or measles, but does not state that the infant was fed dirty food, out of a dirty bottle; that it was kept in a dark, unventilated room; that it practically never got any fresh air, or sunshine. In a proper environment, the baby would not have suffered from gastro-enteritis, would not have died of measles, would either not have acquired, or would have successfully combatted tuberculosis. Morse says that reports from thirty States show that in 1911, 6,251 infants and children under five years died of whooping cough. Now when we consider that outside of the cities and large towns, infants and children rarely—almost never—die of whooping cough, we see at once the tremendous difference made by bad environment—by lack of fresh air and sunshine. In the country little children with whooping cough, or mumps, and not infrequently with measles, or chicken-pox, play out of doors all through the attack. They are not expected to die, and very rarely do so. But look at the effects of these slight diseases in the tenement house of the city.

An analysis of the Vital Statistics of New Jersey for the years 1911 shows the following:

Death rate of children under 5 years of age, per 100,000 population, in cities of 5,000 or more population	454.45
Death rate for children under 5 years of age per 100,000 population in the balance of the State.....	305.66
Death rate for children under 5 years of age per 100,000 population from Diarrhoeal Diseases, in Cities of 5,000, or more, population	110.86
Death rate for children under 5 years of age per 100,000 population from Diarrhoeal Diseases, in the balance of the State.....	71.79
Death rate of children under 5 years of age per 100,000 population from Measles, in Cities of 5,000, or more, population	11.46
Death rate for children under 5 years of age per 100,000 population from Measles, in the balance of the State.....	8.84
Death rate for children under 5 years of age per 100,000 population from Whooping Cough, in Cities of 5,000, or more, population....	15.51
Death rate for children under 5 years of age per 100,000 population from Whooping Cough, in the balance of the State.....	9.87

A glance at this table shows the great differences in death rates between city and country. In other words, the difference of environment. In cities, the infants and little children are probably fed more carefully than in the country, and they are more carefully looked after by the authorities, more carefully quarantined when suffering from communicable diseases, yet their death rates for diarrhoeal diseases, measles and whooping cough, and their general death rate, are much higher than in the country. This can mean nothing but the influence of environment, the lack of fresh air, and sunshine, the higher temperature of houses, the lack of good ventil-

ation. Through lack of proper care and clean food, lack of sunshine and fresh air, with no out of doors but a filthy, sunless sidewalk, the baby becomes so weak and anaemic that the powers of resistance to disease are almost absent. It does not die of whooping cough, or measles, or diarrhoea, or tuberculosis, so much as it dies of bad environment.

The first and most important thing to do to reduce infantile mortality is to insist on better housing. The laws regulating the building of tenement houses must be revised and made much more stringent. The number of rooms without windows either in front or rear, should never exceed two in each flat, and these two should open on an air-shaft at least twice as large as is now required. This air-shaft should be connected with either the front or the rear of the building, at the ground level, by a tunnel at least two by three feet in size, to insure a current of air through the shaft. The law should require a bath room for each apartment, and the bath room should have a large window in either the front, or rear wall of the building. This encourages personal cleanliness, and a cleaner mother means a cleaner baby. Cleaner babies means fewer dead babies. The rooms, especially the interior rooms, should be larger than is now required. And this must be done without raising the rent. The landlords will have to be content with smaller profits, but with tenements built on this plan they will keep their tenants longer. The back yards of a block of tenements should not be divided by fences, but the whole space should be left open as a playground for the infants and children. Vines on the back walls would add to the healthfulness of these playgrounds.

Many more small parks and public playgrounds should be located in congested districts. These should be so arranged that it would be safe for small children to take their infant brothers and sisters to them in baby carriages. In each of these small parks there should be a roofed place under which the baby carriages could be wheeled in case of sudden shower, or too ardent sunshine. This building should contain sanitary toilet accommodations specially adapted to the needs of little folk. These small parks should not be too far apart so the baby will not have to be taken far from home.

Heat and ventilation should be considered together. Recent investigations show that the highest mortality rates of diarrhoeal diseases in infants occur at the latter part of, or following a protracted hot spell, and that it takes the interior of brick tenements from seven to fourteen days to cool after the temperature drops. To hasten this cooling process, very free ventilation is necessary, and the apartments should be so arranged that a current of air can pass from front to back, or vice versa, passing through all the rooms. Electric fans help, not only by encouraging this current of air, but also by keeping the interior air in motion. A large electric fan may be placed just inside the window through which the air enters, and be directed inwards. Another may be placed near the window through which the air leaves, and should be directed outwards. This arrangement increases the current of air considerably. A combination of heat and dirt is often the real cause of death when the death certificate states some digestive disorder.

A sufficient number of visiting nurses should be employed at public expense to teach ignorant, or careless mothers what dirt is, and how to keep the baby, and its food, and the apartment clean. These visiting nurses should be armed with authority to enter tenement apartments, and should be authorized to expend a reasonable amount of public money in this work. Where the mother must work constantly for a living, she should be helped either with money, or by having some one come in once a week to thoroughly clean the department. Day nurseries are a great help, not only to mothers who go out to work, but also to those who stay at home and work. The air and the temperature of the day-nursery are better than those of the tenement house apartment.

Until these improvements can be brought about, we must do the best we can with things as they are. In hot weather the window sashes should be removed entirely; this doubles the amount of open window. A wet sheet with the lower edge touching water in a tub, suspended from a clothes line about three feet inside of a window, helps considerabley in dry hot weather, but must not be used when the humidity is high. The infant's clothing should be reduced to a shirt and diaper on hot days, and the bedding beneath it should be of cotton stuff, as thin and porous as possible. The infant should be given frequently, when awake, water almost cold. The bath should be given twice a day in hot weather, in

water almost cold. Many infants are poisoned with dirty, or painted playthings. A baby's clothing and bedding should be kept scrupulously clean, and when on the floor, it should have under it a clean sheet or quilt that can be washed. Its playthings should be unpainted and of such material that they can be boiled. No "comforters," or "pacifiers" should be allowed. Nothing should ever be put into a well baby's mouth but its regular food, or a boiled teaspoon, not even the mother's finger.

Food and Feeding.—The majority of infants that die have been fed too much food, and too concentrated food, and have been fed too frequently. Many have been fed dirty food. A few have been under-fed in both quality and quantity. Too much food is given because it is given too frequently, given to keep the baby from crying. All other means to keep the baby from crying should be exhausted before food is given. The baby should never be fed until it is really hungry, i. e. until its stomach has been empty long enough to contract and rest. When it is fed it should be encouraged to take all it will, i. e. enough to properly distend its stomach, and so render unnecessary another feeding in a short time. Too much food is given by feeding the infant too often, not by filling its stomach full when it is fed. Mother's milk is, of course, the best possible food for the baby. Very rarely is the quality of the mother's milk such that it cannot be used at all. If it is deficient in fat, the infant can be given a little cream, or cod-liver oil before such nursing. In this way nursing can be continued, and the infant can still get the benefit of the digestive ferments, and other substances in its mother's milk which are of so much value to it.

Statistics show that a large proportion of the infants who die under one year are fed with artificial food. The education of mothers on the importance of nursing their babies, the proper care of the breast during pregnancy, and the proper care and dressing of young girls, so that their breasts and nipples will properly develop, will do much to lower infantile mortality. These things should be taught by the family physician, and by the visiting nurse. When mother's milk cannot be had the next best thing is cow's milk. Very rarely is it necessary to resort to any artificial foods when good cow's milk is available, and is properly modif

Next to environment the most important cause of infantile mortality is unsuitable cow's milk. Cow's milk should never be given pure during the first two years of life. It should always have in it a little water and a little salt, at least. For those who can afford it, certified milk solves the milk problem. Its great advantage is that it does not need sterilizing and is easily modified. The more cow's milk has to be treated and changed, the less value it has as infant's food, and the more apt it is to disagree with the baby. But the great majority of deaths of infants occur in families that cannot afford to buy certified milk. For these carefully pasteurized milk is the best food available. The pasteurizing should be done at public milk stations, and at public expense, and furnished to the poor, and to those in moderate circumstances, but who cannot afford certified milk, at the lowest possible price, and in cases of extreme poverty, given free.

Municipal milk standards should be raised in most cities, no milk being allowed to be sold that has an average bacteria count higher than 75,000 in four consecutive analyses, one sample being taken every third day. This prohibition should apply to the dairy producing the milk, rather than to the retailer. Where pasteurized milk is not available, and the mother is unable to pasteurize it, she should be instructed to properly modify the milk, and then to heat it quickly to boiling, allow it to boil five minutes, and cool quickly. It is best to do this for each feeding, not in bulk, but where the family is too poor to have ice, it must be done in bulk, enough for 24 hours, as soon as the milk is received, and then kept under a dripping faucet. Too much municipal and professional attention cannot be given to the regulation of dairies, and the production and distribution of milk that is clean and of good quality. By a careful combination of Jersey, Holstein and "old red" cows in a dairy, a milk can be produced that will contain fairly regularly four per cent. of fat, and twelve per cent. of total solids. If such a milk has a bacterial count of less than 50,000 it is fairly safe milk, and if it can be obtained fresh, i. e. within 24 hours, and has been kept at less than 45 degrees F. in sealed bottles, it may be used unsterilized. Of course, much depends on the varieties of microbes in the milk, but it does not now seem practicable

to determine this on a commercial scale. But the cows can be tested for tuberculosis, and inspected for other diseases; the employees can be examined for typhoid and other conditions; and the stables and cows can be kept in a sanitary condition.

The diseases that are most fatal to infants, i. e. to human beings under two years of age, are:

1st, diarrhoeal diseases; 2nd, tuberculosis; 3rd, typhoid fever; 4th, obscure glandular diseases, or conditions.

Most often the diarrhoeal diseases come from infected milk. The production and distribution of milk we have already considered. Frequently the milk is infected by the mother, or nurse, by their dirty hands or lips. Mothers and nurses should be carefully instructed to keep their hands clean, and never to put the baby's nipple, spoon, or cup, to their own lips. Mothers should always immediately wash their hands after changing the baby, or handling its diaper, and should always wash their hands before preparing the infant's food. The mother's nipples should be washed with sterile water before and after each nursing. The bottles and rubber nipples should all be boiled at least twice a day, and kept in a sterile solution of sodium bicarbonate when not in use. When removed from this solution for use, they should be rinsed with sterile water. The attending physician and the visiting nurse should give careful and repeated instructions on these points.

Many cases of diarrhoea are due, at least secondarily, to giving too much food in hot weather. The combination of too concentrated food with high temperature and high humidity, will bring on diarrhoea when otherwise the baby would not have had it on the same milk. The infant's food should be diluted to one-half, or in some cases, to one-quarter strength on days that are unusually hot and humid. The practice of allowing any of the lower animals such as cats, dogs, birds, rats, mice, flies, mosquitoes, bed-bugs and fleas, in the same rooms with human beings, is to be condemned. Different infections from these animals can easily be communicated to an infant, producing a fatal illness, the most conspicuous symptoms of which will be diarrhoea. Window screens should be insisted upon, and the screen should cover the entire window outside the sash.

A tuberculous infant is nearly always infected by swallowing the bacillus tuberculosis. This means, an infant must not be nursed, or cared for, by a tuberculous mother. A tuberculous mother must resign her new-born infant to the care of others before it has nursed even once. The danger to the infant in doing this is less than the danger to it of nursing a tuberculous mother. Nor should an infant be kept in the same room with any tuberculous person. When an infant is found to be tuberculous in the lungs, glands, or joints, or responds positively to the von Pirquet test, it should be at once removed to a sanatorium for the treatment of tuberculosis. Otherwise it will probably die unless it has a very exceptional home. Under favorable circumstances it can often be saved by home treatment, but the circumstances are seldom favorable. An infant does not respond to the von Pirquet test from a previous infection, but from a present, active infection. The fact that the infant gets tuberculosis by swallowing it makes the production of tubercle-free milk the more important. The new-born infant does not do well, as a rule, on pasteurized or cooked cow's milk, no matter how carefully it is modified, but can be made to do well on raw cow's milk. We should do all we can to get milk that does not need sterilizing. Proper feeding and strict out-door treatment will save nearly all the tuberculous infants in whom the diagnosis is made sufficiently early. Early diagnosis in this disease is an important preventive of infantile mortality.

Clean milk, in clean utensils, is the most important preventive of diarrhoeal diseases in infants, but should not be emphasized to the exclusion of all other means of prevention. The other things that go to the making of a strong baby, with high resistive powers, are also very important. These are proper feeding as to quantity and frequency; proper dressing; bodily cleanliness, and personal cleanliness on the part of the mother or nurse; out-door life; free ventilation indoors; and an abundance of sunshine. A baby too warmly clothed and bedded, a baby in an insanitary environment, a baby fed too much and too often in hot weather, a baby infected from the soiled fingers of the mother or nurse, or from dirty playthings, will get diarrhoea although fed the cleanest of milk. The remedial measures are a thorough cleansing of the intestinal tract of all offending matter, temporary semi-

starvation, followed by highly diluted food; support of vital powers with small doses of tincture of nux vomica in essence of pepsin; perhaps one, or two, possibly three, large doses of bismuth subnitrate, and very little clothing in the earlier stages. In the latter stages, when the rectal temperature is apt to become sub-normal, more clothing, a hot water bottle to the feet, small doses of whiskey, and sometimes, just at the right moment, when the nervous system threatens to lose its powers, one or two, small doses of the tincture of deodorized opium, or a very small hypodermatic dose of morphine.

WHOOPING COUGH.*

By William W. Riha, M. D.,
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Since it is an acknowledged fact that whooping cough receives scant attention from both layman and physician, and since Dr. Holt makes the statement that whooping cough with its sequels kills more children than scarlet fever, measles and diphtheria combined, I may be pardoned for bringing before you so trite a subject. With sundry agencies at work to decrease both mortality and morbidity, the present is recognized as the great era of preventive medicine. Why then this inconsistency in the management of whooping cough? What has whooping cough ever done to us to be persistently snubbed? I feel sorry for whooping cough. I feel sorry for whooping cough because it had the misfortune to be born without a rash.

New York City, with a mortality last year of only 102 per thousand births, registered 500 deaths as due to whooping cough. It is claimed that one-half of all cases of whooping cough occur during the first two years of life—a very vulnerable period. The Board of Health of the State of New Jersey in its last report records 364 deaths as due to whooping cough, in twelve of these cases occurring in those over five years of age, and in 352 cases in those under five. In a pamphlet recently received from the Child's Bureau of the U. S. Department of Labor, I read that two and one-half million children died in the United States during the past decade. Imagine the entire population of the State of New Jersey wiped out of existence every ten years! What an appalling array of deaths! Surely Herod of ancient fame had nothing on the disease of childhood in this slaughter of the innocent. The ancient Hebrews in their apostasy offered their first-born children as living sacrifices to the sun-god, Moloch. In the thoracic cavity of this god was a fiery furnace in which the innocent first-born were burnt to a cinder. We have such a god amongst us to this day. His name is not Moloch; but Ignorance. And just as surely as Moloch received his quota of human sacrifices in this or the era that is past, so too does the new god Ignorance that superceded him receive, in this enlightened era, his great share of human sacrifices.

Therefore, if we appreciate the havoc wrought by infectious diseases, and in particular whooping cough, a discussion of the salient points of this disease should be of some profit to us.

The first epidemic of whooping cough was described by De Baillon in 1578 and in the seventeenth century by Willis, Sydenham and others. Dr. Neurath, of Vienna, emphasized the general infectious character of this disease. This is important in the face of the usually erroneous conception of its local character. The portal of entry is the mucous membrane of the respiratory tract. Transmission is direct and immediate by sputum and cough. It was found that cats and especially dogs are susceptible to whooping cough and are capable of transmitting it. Therefore, during whooping cough epidemics children should not be permitted to play with coughing cats and dogs. I had a unique experience with the manner in which a contagious disease may be spread. While writing a prescription for a whooping youngster the child entered into a typical paroxysm. The mother assisted the struggling child by dislodging the mass of tenacious mucus with her index finger. After shaking off as much of the mucus as possible, the mother proceeded without any further ceremony to prepare a sandwich for an older child to take to school. This sandwich was to be one of several used in expounding to a class of kindergarten scholars some of the intricate problems of table etiquette. One of my sons was a member of this class. I am so constituted that a speedometer on my person would be a superfluous ornament; and yet, I reached that class-room that morning before the sandwich with its potential mischief. The lesson on table etiquette was given, but a box of uneeda biscuits was used instead. Pertussis is

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next to measles, the most contagious disease of childhood. The contagious period may occur at any moment during the course of the disease; it is, therefore, important to quarantine all cases during the entire duration of the disease. The symptoms are ushered in so gradually that one cannot mark off a definite incubation period, but if a child that has been exposed goes two weeks without developing symptoms, then it is safe to assume that whooping cough has not been contracted.

It is claimed by the majority of investigators that the Bordet-Gengou bacillus is the cause of the whooping cough. This bacillus, called for the sake of brevity the B. G. bacillus looks much like a coccus; stains gram negative, but stains with methylene blue. It looks like an influenza bacillus. The B. G. bacillus is easily overgrown by other bacteria and so, unless present in great numbers is isolated with difficulty. This bacillus is sometimes found in the throat before whooping cough is ushered in; but the examiner must probe well down into the larynx to get it. Later in the disease the B. G. bacillus is hard to find.

The first or catarrhal stage of the disease sets in with symptoms of an acute catarrhal affection of the respiratory tract, resembling somewhat the prodromal stage of measles. This stage may last one or two weeks. It is during this stage that we are apt to misunderstand the condition unless we examine the blood, of which I shall speak presently. After this stage comes the paroxysmal period which may be aroused by a variety of causes, such as crying, singing, laughing, sneezing, the odor of cooking food, boiling wash, cigar smoke, etc., by strong light and by the effect of noises and by hearing or seeing another child whoop. The whoop is caused by the narrowing of the rima glottidis, contraction of the intercostal spaces and clavicular fossae and the drawing upward of the hyoid bone.

Pertussis may begin as a slight "cold," worse at night. The child is afraid to cough. The cough is more of the laryngeal type. In ordinary laryngitis we get one or two short laryngeal barks. In whooping cough we get half a dozen or more barks, while in laryngeal diphtheria and laryngismus stridulus there is marked dyspnea. What is a bona fide whooping cough paroxysmive? Several short expulsive coughs followed by a long inspiratory whoop, while between the paroxysms there is a complete relaxation of the bronchi. In bronchial asthma the spasm is continuous. Among infants it may be observed that the child wants to cough but can't, becomes cyanotic, in fact almost black without any other sign of whooping cough. That a speedy diagnosis be made in these cases is important, for infants with pertussis readily succumb to acute emphysema with fatal termination. A typical paroxysmal cough may be induced by irritating the pharynx with a spatula. Of great help in doubtful cases is an examination of the blood. In all children whose cough simulates pertussis, the blood should be examined and if it is pertussis, there will be found a high lymphocytosis, often as high as 75 or 80 p. c. At the Post-Graduate College this is considered a diagnostic point of great value. In ordinary bronchitis, there is no increase in lymphocytes. In spasmodic bronchitis, that is, in bronchial asthma, there will be a marked eosinophilia as high as 15 or 20 p. c. as over against the normal 2 or 3 p. c. Bronchial asthma is the only pulmonary condition in which there is an increase of eosinophiles. In whooping cough the lung signs are negative.

In a recent number of the American Journal of Disease of Children mention is made of the diagnosis of whooping cough by the complement fixation test. In eighteen cases tested during the paroxysmal stage 100% were positive. Nine of these cases were in the first week of the whoop, and three in the early part of the second week. In no case did a normal child give a positive reaction. Of twelve cases tested early in the catarrhal stage, eleven were positive. The one case giving negative reaction was tested at the very beginning of the cough and did not whoop until two weeks later. One case gave a positive test that never whooped, but the child had a paroxysmal cough and vomiting lasting over a period of four weeks. The method used by the author was based on the hemolytic system of Noguchi. The antigen was made from cultures of the B. G. bacillus grown on an ascitic fluid agar, and throughout the test live bacteria were used. It is claimed by Friedlander and Wagner, who report on this work, that by this method a diagnosis of pertussis can be made with certainty in the catarrhal stage.

Among the complications of pertussis may be mentioned bronchiectasis, subconjunctival hemorrhage, epistaxis, vascular enlargement of the thyroid, mediastinal or subpleural emphysema that is likely to

spread into the subcutaneous tissue over the upper half of the body; cerebral hemorrhage and spastic paraplegia, optic neuritis due to hemorrhage into the sheath of the nerve at the optic chiasm; and last and most important broncho-pneumonia and tuberculous pneumonia. A child with bronchial lymph nodes may, during a coughing paroxysm, squeeze out the cheesy contents of the lymph-nodes and set up a tuberculous pneumonia. Tuberculosis of pulmonary and bronchial lymph-nodes shows itself by impaired pulmonary resonance in one or both intrascapular spaces. Professor Neurath, of Vienna, claims that tuberculous complications of the lungs are uncommonly frequent. The symptoms may become quiescent and the latent tuberculous process flaring out years later as miliary tuberculosis or as tuberculous meningitis. Broncho-pneumonia as a complication may be looked for at the end of the paroxysmal stage. It occurs most frequently among infants and is due to lessened vitality and the vulnerability of the bronchial mucous membrane.

What is used in the treatment of whooping cough? What is *not* used would be easier to answer. Almost everything inside and outside of the pharmacopeia has been used with varying success and varying periods of popularity. Each one of us has his own particular therapeutic fetish which he holds to and worships and when the charm of it is gone and it no longer works for us its miracles, it is relegated to the therapeutic scrap-heap and a new fetish takes its place.

In Norfolk, England, a spider was tied in a piece of muslin and pinned over the mantle-piece as a remedy for whooping cough. In Donegal a beetle in a bottle was regarded as an infallible cure. In Suffolk, they dipped the baby's head downward in a hole dug in a meadow—Achilles dip in the Hellespont was tame by comparison. In northeast Lincolnshire fried mice was the specific, while in Yorkshire the good housewives tempted the palates of their whooping young ones with delicious owlbroth. As someone has aptly said "Nature cured the disease while the remedy amused the patient."

As in the management of any disease, hygienic measures should receive first attention. The child should be in an atmosphere free from dust, pure, and of a temperature neither low nor high. The clothing should be of such texture as is compatible with the season of the year, and all clothing should be loose. If the child vomits its food, another meal should be given immediately after the paroxysm. Creosote and phenol inhalations have had their disciples. Others have used fifteen grains of menthol with an ounce of compound tincture of benzoin in a croup kettle one-half filled with hot water. The cresolene lamp is mentioned only to be condemned, for if there is any one measure that predisposes to broncho-pneumonia it is the closed windows and vitiated air made necessary by the use of the cresolene lamp.

Tincture of Belladonna gtt., three times a day and increasing the daily quantity by one dose to physiologic effect, has enjoyed a long period of popularity. Antipyrine and sodium bromide have given good results. The antipyrine is given every three hours, ½ grain to a child six months old, gr. 1 to a child one year old, and grs. 2 to a child from two to five years of age. Antipyrine with gtt. 1 of tincture of digitalis is recommended by Koplik. Pisek, at the Post-Graduate, uses in addition to the above, fluoroformal (a saturated aqueous solution of fluoroform gas). Fifteen drops of fluoroformol are given every two hours to a child five years of age. Professor Winternitz, of Vienna, succeeded in mitigating the severity of the paroxysms by giving quinine two parts and veronal one part. Lenzman used quinine lactate grams 10, saline solution 100 grams: 2½ cc. of this injected intravenously. Oil of thyme has been used for centuries. It is the chief constituent of pertussin, there being about 15 m. to the tablespoonful of pertussin.

The form of treatment that is promising, is treatment with vaccine therapy. In a whooping cough throat, we find not only the B. G. bacilli but also streptococci, pneumococci and micrococci catarrhails. Dr. Stark, at the Post-Graduate, has received excellent results from the use of Sherman's No. 43 Bordet vaccine. He begins with 0. 3 cc. of Sherman's No. 43. The mother notes the frequency and severity of the attacks following the use of the vaccine. If paroxysms increase after the initial dose of 0. 3 cc., then in two days 0. 3 cc. is used again. If paroxysms remain the same the dose is increased by .11 cc. If attacks become less frequent then an increase of 0. 2 cc. is made every other day. Eight to ten treatments are usually sufficient. Whooping cough may last just as long as it would without vaccine therapy.

but with vaccine treatment the attacks are mild, and there may be only a slight passing cough. The course may be shortened to two weeks. And cases have been aborted in ten days.

THE PRECANCEROUS STATE

By G. WYCKOFF CUMMINS, Ph. D., M. D.,
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The importance of a consideration of the precancerous state lies in the fact that, irrespective of what the immediate cause of cancer may be, it is certain that its development is preceded for a considerable time by conditions favoring the growth of cancer, which conditions are often easily recognizable and usually amenable to treatment. They are either general or local or both and to my mind the more important of these is the general condition of the system rather than the local manifestations which are able to develop into cancer only when a predisposing weakening of systemic defenses is present. Locally, however, every lesion that might under proper conditions develop into cancer is an excellent indication of the state of the system with reference to cancerous growths. When a wart or a mole starts to grow rapidly after years of quiescence you may depend on it that conditions favorable to the growth of cancer exist not merely at the site of the growth but elsewhere in the body.

The use of the term precancerous state as a systemic condition favoring the development of cancer implies the existence normally of a contrary condition in which cancer cannot develop. Happily the great majority of mankind possess this normal condition of immunity to cancerous growths. Furthermore the uniformly unsuccessful attempts to cause human cancer by inoculation in healthy subjects shows the existence of a normal immunity which is complete.

It is a well established fact that immunity to disease in general is a chemical state or condition. This would lead us to believe that a thorough understanding of the chemical conditions under which cancer can and cannot develop will at some time permit us to treat successfully not merely the precancerous state but also cancer itself without local attention. This has already been done in a number of reported cases of cancer, each of which brings us nearer to the goal we are sure to reach.

We are getting a fairly accurate idea of what cancer is even if we cannot find a microbe on which to lay the blame for this most dreaded ill. The very latest investigations[1] show that cancer cells are the direct descendants of cells normal to the part first affected and that the presence of embryonic rests is not at all necessary to explain the origin of a given tumor. A cancerous growth is essentially an epithelial hyperplasia. Histologically the process is considered a cancer when the epithelial cells invade the stroma. An inflammatory hyperplasia or a benign new growth may pass by insensible gradations into a malignant growth. There is a tendency at present to ignore clinically the fine distinctions between the various forms of malignant growths that histologists can point out to us and to treat them all alike as worthy of extirpation in one way or another. In fact it is common practice to extirpate them first and find out their exact nature afterward. It is more than probable that the different degrees of malignancy in a given kind of cancer are really to be considered rather as varying degrees of susceptibility or variations of intensity of the precancerous state. In fact as a cancer grows it generates poisons whose absorption seems to intensify the conditions in the precancerous state and hence the longer a cancer lasts the more malignant it becomes. This is probably due to exhaustion of all the defenses to cancer growth.

If one were to attempt to describe the precancerous state in one word the term senility would be chosen without referring however to age as one part of the body owing to exhaustion, irritation or poor nutrition may approach senility far in advance of the other parts.

The chemical conditions found in the precancerous state are a diminished alkalinity of the body fluids, a decreased content of potassium and sodium salts with a relative increase of calcium, a lessened coagulability of the blood and an anemia similar to that after hemorrhage. In short such a condition as is found in acid intoxication. How natural then that this condition should be intensified in those parts of the body that are exposed normally to acid secretions, viz. the stomach, duodenum, cervix and rectum and how significant it is that nearly

*Presidential Address at the Tri-County Medical Society meeting, Belvidere, N. J., October 13, 1914.

all internal cancers develop in those very places!

Autoxemia, resulting from chronic intestinal stasis has been held responsible by W. Arbuthnot Lane for degenerative changes in the breast that lead to cancer. The chemical conditions present in the precancerous state surely give evidence of incomplete metabolism with the resultant autotoxemias, such as are found in underactivity of the thyroid gland with the accompanying disturbances in the activities of the other ductless glands.

The most significant of the chemical alterations in the blood is the decrease in potassium. For the defensive proteids or antitoxins are globulins and these contain a large part of the potassium present in the blood so that the decrease noted in potassium would alone almost account for the observed lessened resistance to invasion by the cancer cause. Working on this line Dr. Ross, of London, claims to have cured cancer by administering maximum doses of potassium salts and Dr. Mikhailoff[2] of Russia has held inoperable cases of cancer in check for years by rectal injections of large doses of potassium iodid supplemented by subcutaneous injection of sodium arsenate. On the contrary cancers begin to flourish luxuriantly on the exhibition of calcium salts or acids, a deplorable result of tonics containing either of these unless their effect is counteracted by alkalies in the shape of potassium or sodium salts.

Dr. Francis[3], of Brooklyn, has obtained a cure of cancer of the breast by giving internally sodium, potassium, calcium and magnesium salts with hemoglobin in about the relative proportions in which these are found in the blood.

It is to be noted that in the very young potassium salts are present in a relatively larger proportion than in the adult, so that a decreased proportion of potassium is but another expression of senility. When giving large doses of potassium it is well to remember that its poisonous effect on the heart is largely prevented by the presence of sodium salts in proper dilution. Cancer has been attributed to ingestion of too much sodium chloride. When one considers the lesions of scurvy produced in this manner it is not so unreasonable a supposition.

In scurvy the alkalinity of the blood is decreased and lesions similar to those of scurvy may be produced experimentally by feeding acids. In other words the condition of the blood in scurvy closely resembles that in the precancerous state and is also benefited by administration of potassium. That scurvy is not due to absence of vegetable diet is shown by Dr. Thomas Dedrick's observation that in the Arctic region scurvy is unknown among the Eskimos who have only an animal diet.

The precancerous state frequently gives evidence of its existence a long time before anything that might be called cancer is present and doubtless often exists without being followed by cancer at all. One of the common signs is a dryness of the skin resulting in a scaliness or roughness and often accompanied by itching or burning and indicating underactivity of the thyroid gland. In extreme cases this may go on to formation of senile keratosis, a precancerous lesion from which I have seen many cancers develop. That this is merely an evidence of a condition in which the whole system is less resistant to cancer is illustrated by a case coming under my attention having well marked senile keratoses, who developed later cancer of the prostate, although no cancer developed in the keratoses. In another case a typical rodent ulcer of the face was followed in a year by cancer of the stomach. Other common signs of the precancerous state are those of acidity such as acid dyspepsias, sour stomach, development of duodenal ulcer, and anemia.

While the cells of cancer are direct descendants of normal cells, they differ from them in vitality in many important particulars. They are more easily killed by selective caustics, by electricity, by the X-ray, by radium and what seems now of greater practical importance by a temperature above 122 degrees F. or considerably below the temperature of 140 degrees F. necessary to kill normal cells as shown by careful test made by Doyen.[4] This fact seems to be the essential element in several methods of applying electricity to cancers and to neighboring tissues. These methods are variously called desiccation as practiced by Clark, electrocoagulation as used by Doyen, diathermy by Nagelschmidt or fulguration as recommended by de Keating-Hart.

Abundant experience has shown that local extirpation of a cancerous growth and even of its associated glands is not sufficient to justify us in referring to such a procedure as any more than part of a curative process. The frequency of recurrences and metastases shows that the weakness that permitted the first cancer to grow,

still persists. A celebrated Philadelphia surgeon once said that he had never seen a case of cancer of the face cured by surgical operation. That was before the days of accessory treatment. It still holds true unless something more is done than to remove all evidences of a malignant growth by cautery, knife or caustic.

The treatment of the precancerous state is readily inferred from the preceding statements and may be summarized as follows: Avoid autotoxemia from intestinal stasis, and fermentation; conserve strength by tonics excepting acids and calcium salts; give potassium salts combined with sodium salts in the fullest dose that the heart will bear; give small tonic doses of thymus and thyroid until the skin is smooth and moist; see that the carbohydrate part of the diet over-balances the proteid part, and do all the rest of those things that tend to keep one young as is told in detail by Dr. Loring in his excellent work on "Old Age Deferred." Also cure all lesions recognized as produced by local intensifications of the precancerous state such as senile keratoses, rodent ulcers, papillomas, especially on the lips, growing moles, Paget's disease of the nipple, duodenal ulcers, unhealed lacerations of the cervix and in general any sore that does not heal inside of three weeks. Thus we can hope to prevent the development of nearly all cancerous growths and can offer rational treatment to those afflicted with inoperable cancer, post-operative recurrences and metastases.

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[2] Mikhailoff: Jour. A. M. A., Sept. 26, 1914, from Russky Vrach, April 12, XIII., No. 15.

[3] Francis: Medical Council, May, 1912.

[4] See also Lambert, Jour. A. M. A.. Dec. 14, 1912; and Percy, Inoperable Cancer, A. M. A. Jour., May 23, 1914.

INTRASPINOUS INJECTIONS OF SALVARSANIZED SERUM.

HORACE R. LIVENGOOD, M. D.,
Elizabeth, N. J.

It has been variously stated that the percentage of syphilis of the nervous system occurs in from ten to sixty-five per cent. of persons inoculated. Keyes found twenty per cent. in 2,500 cases. As we know the spirochetes have a particular affinity for certain organs and tissues of the body and even for certain parts of certain organs. It has been a question of late whether these spirochetes might not differ in vivo although having the same morphological characteristics. (Certain species have a selective action.) So far as I know, no experiments have been accomplished to prove this with the spirochetes although it has been proven with bacteria. Thus a streptococcus which has its lesion in the digestive tract will likely cause that same lesion in the digestive tract, if injected into the blood stream of another animal. (Rosenow.) However someone has shown by statistics that syphilitics with profuse skin and external lesions rarely develop nerve syphilis and vice versa, patients with nerve syphilis rarely have bad marked skin or external syphilis.

Nerve syphilis or as some term it parasyphilis is most always a late manifestation and its usual beginning is not until from eight to twenty years after infection.

Before proceeding, it would be well to call attention to some important discoveries that have been observed.

First. The Glandular ependymal cells covering the choroid plexus secrete the spinal fluid.

Second. These cells are impervious to certain substances, such as mercury and potassium iodide and only minute quantities of arsenic are allowed to pass and this disappears from the spinal fluid within a short time. So that the "system" may be thoroughly saturated with these drugs without medicating the spinal fluid.

Third. The spinal fluid may be regarded as the lymph of the nervous system (Mott). In this way it acts as a purveyor of nourishment and medication to the nervous system.

Fourth. That medication injected into the lumbar region acts on the cerebral system is proved by the injection of cocain which anaesthetizes the entire body and operations may be performed on the head without pain.

Fifth. Cases of nerve syphilis have commonly developed after a most vigorous and thorough luetic treatment with mercury and iodides.

From the above data, we may conclude that we need not expect brilliant results in the treatment of syphilis of the nervous system by the old methods.

In 1912 Swift and Ellis published their method of injecting salvarsanized serum which in brief is as follows:

Inject salvarsan intravenously in the

usual way. One hour after injection withdraw 30-50 c.c. of blood. Allow to stand over night on ice; centrifuge; dilute with normal saline, serum 17 c.c., saline 18 c.c. and heat the serum to 56 centrigrade for half and hour. Withdraw spinal fluid and inject by gravity ten to thirty c.c. of the serum. (We have not found it necessary to inject an equal quantity only of spinal fluid withdrawn but have in many cases injected twice the amount withdrawn, particularly if "spinal pressure" was low).

Since that time methods have been tried which would obviate much of the technique. Some of these are as follows: Injections of small quantities of neosalvarsan into the spinal fluid. Injections of a solution of salvarsan in serum into the spinal fluid. These later methods have proved dangerous and from reports have no advantage in effect over the Swift and Ellis method.

Riggs and Hammes report 100 injections of salvarsanized serum with no fatalities.

Our highest aim in these cases is to destroy the spirochetes and eliminate them. We cannot hope to restore nerve cells and neurons that have been destroyed. We can stop the process of degeneration and keep a good many patients from proceeding on to a helpless state.

I am indebted in the following reports to Dr. George Banker and also to Drs. Potter and Mark of the Elizabeth General Hospital staff.

Case 1. Charles S. Age 42, American, white, beltmaker. Family history: One child living, three dead. Two died of pneumonia, wife had one miscarriage.

Previous History. About fifteen years ago he had considerable headache, which became so severe that section of fifth nerve was removed on left side. He obtained relief from the pain but six months after had ptosis of eyelid. About 21 years ago had gonorrhoea and also a primary sore. Cannot recall secondary lesions. Onset of present illness about two years ago with violent attack of vomiting and epigastric pain lasting about a week. This was followed by similar attacks, the pain going into the rectum. Then began to have difficulty in walking in the dark and lightning pains down the limbs and girdle sensations. Micturition difficult and numbness of extremities. Eyesight increasingly poor.

Admitted to hospital, December 4, 1913.

Examination showed fairly well nourished man with ptosis of right eye. Pupils sluggish but react. Rhomberg sign present. Reflexes diminished, sometimes absent. Some incoordination of extremities. Areas of anaesthesia present. Blood Wasserman + + + +; spinal fluid clear Wassermann + + + +. Cell count 90, globulin present. Diagnosis.—While some of the classical symptoms of tabes were present, other aspects pointed to an involvement other than the posterior columns and a diagnosis of cerebro-spinal syphilis was made.

On December 4, 1913, he received 0.6 gramme salvarsan intravenously and the following day the salvarsanized serum into the spinal cord according to the Swift and Ellis method. January 9, 1914.—This was repeated. February 9, 1914.—Received similar treatment but got phlebitis and left the hospital improved.

No record of spinal fluid examination. While out of the hospital attempted to go to work but had two or three attacks of pain and vomiting and had to stop.

August 24, 1914.—Returned to hospital and received intraspinous injection. Cell count of spinal fluid 50, globulin present. September 1, 1914.—Intraspinous injection. Spinal cell count 24, globulin trace. September 10, 1914.—Intraspinous injection. Spinal fluid cell count 33, globulin faint trace. October 8, 1914.—Intraspinous injection. Spinal fluid cell count 9, globulin very faint trace. October 25, 1914.—Intraspinous injection. Spinal fluid cell count 6, globulin very faint trace.

Wassermann from spinal fluid is negative. Feels much better and is free from pain and gastric crises. Walks well and feels better generally. Would advise spinal fluid examination in six months also a Wassermann. If positive another injection.

Case 2. Mrs. M., age 51, married, United States, white. No history of primary or secondary syphilis; married twice. Four children and one miscarriage by first husband. Two children and five miscarriages with second husband. Two months after second marriage husband had sore throat (probably mucous patches.)

Present Illness. About five years ago noticed difficulty in walking; had sharp shooting pains in limbs; legs became so weak she could not stand and then could not move them; parasthesia and anaesthesia. About three years ago had violent attack of gastric pain and vomiting and lost complete control of limbs.

Entered hospital July 9, 1914. Examination: Very obese woman. Unable to walk but could move limbs and bear some

weight on them. Knee-jerk absent. Argyle Robertson pupil with some inequality. Wassermann blood ++++. Spinal fluid cell count 33, globulin X.

Diagnosis: Tabes Dorsalis.

July 16, 1914.—Intraspinous injection. August 4, 1914.—Intraspinous injection. Spinal fluid cell count 25, globulin present. August 18, 1914.—Intraspinous injection. Spinal fluid cell count 11, globulin negative.

On August 31st she left the hospital improved. Since that time has had a great deal of family trouble and no medical care and she is in about the same state. She is a very "nervous" person and dreaded the injections. By the clinical symptoms and laboratory findings, she was doing well but did not have the "nerve" to continue.

Case 3. Joseph H., age 35, toolmaker, single, Hungarian. Initial lesion of syphilis nine years ago followed by mild secondaries. Present illness began two years ago, vomiting, epigastric pain, lightning pains and difficult gait.

Entered hospital August 24, 1914.

Examination: Poorly nourished man, ataxic gait, Rhomberg sign, knee-jerks absent. Argyle-Roberston pupil.

Diagnosis: Tabes Dorsalis.

August 26, 1914.—Intraspinous injection. Spinal fluid cell count 132, globulin present. September 9, 1914.—Intraspinous injection. Cell count no record. September 21, 1914.—Left hospital improved which has continued and man is now working. Still has some ataxia but no pains or vomiting.

Case 4. Mrs. Anna K., age 50, married, white, Ireland. Two children living, both healthy. In December, 1913, while hanging out clothes fell and had to be carried into house. After that began to loose power in limbs and arms and complained of pains. Also severe headaches.

April 10, 1914, entered hospital. Examination: Poorly nourished woman loss of power in left arm; walked with difficulty; incoordination of reflexes; pupils sluggish; Wassermann positive. Diagnosis: Cerebro-spinal syphilis.

June 20, 1914.—Intraspinous injection. Spinal fluid cell count 17. July 5, 1914.—Refused to continue treatment and left the hospital.

Re-entered another hospital and is receiving massage and electricity.

REMARKS.

The above series of cases is small and some of the data are meagre and yet I feel that something is to be learned from them.

First. In this class of cases nothing can be accomplished by the old method of treatment.

Second. Case 1 shows that it is the *persistence* in the treatment that gives results and sometimes there is not much improvement until after the fourth injection.

Third. On the other hand in Case 3 two injections showed very marked improvement in clinical as well as pathological findings.

Fourth. Obscure nervous lesions with gastric symptoms should always have a Wassermann examination.

Clinical Reports.

Case of Spina Bifida.

Dr. James K. Young, at a recent meeting of the Philadelphia Pediatric Society, presents an eight-months-old child cured by operation. The tumor was large and sessile, complicated by partial paralysis of both lower extremities and bilateral equinovarus. It was a multilocular meningocele, had ruptured at birth and was not infected. At six months it was removed by dissection, the patient was suspended by the feet, two ounces of fluid were removed before operation, preserved warm, and re-injected at the close of the operation. The sac was tied off by a through and through suture and purse-string suture, the wound protected by a rubber dam attached by collodion. The patient was kept on the face for two weeks, enemas being given every five hours to secure evacuation of the bowels. Primary union was secured without infection and the baby is well.

Rapid Manifestation of Sepsis Following Curetting After Spontaneous Abortion.

Dr. H. J. Boldt, at a meeting of the New York Academy of Medicine, reported this case. The patient was a woman, 23 years of age, who aborted spontaneously at about the eighth week of her first pregnancy. Dr. Boldt had seen the patient in consultation on the following day because of some bleeding and the supposition that the abortion was incomplete. She was curetted at about 11 o'clock in the forenoon and the following afternoon she had a chill and her temperature began to rise, reaching 103.4° F. Her pulse was 140. She was transferred to the hospital, the uterine cavity irrigated with iodine water, and the cul-de-sac extensively opened and packed with iodoform gauze. Bacteriological examination showed a streptococcic infection. General peritonitis followed and death occurred on the third day.

Case of Cranial Surgery.

Reported by Dr. B. M. Ricketts, at the meeting of the Cincinnati Academy of Medicine and published in the Lancet-Clinic, Cincinnati.

Case I. Male, 52 years old, white, addicted to the use of one to two quarts of whiskey daily. Double mastoiditis, the left being the more ad-

vanced with redness and induration. Operation, with Dr. Snook, on left side, February 4, 1914, almost completed under novocaine anesthesia. Chloroform employed to complete the last work of the chisel. Operation upon the right mastoid was postponed until general improvement becomes such as to warrant it. Recovery uneventful.

Case II. Male, white, 32 years old, with epilepsy for twenty years. Referred by Dr. Geo. H. Albers. Manifestations indicated irritation of the arm center of the right brain. Operation, February 12, 1914, under chloroform narcosis. The right brain was exposed to the extent of two by four inches by removing as much bony structure. The dura was exceedingly thickened and the bone eburnized and thickened, and the dura firmly adherent to the skull. Drainage was instituted without incising the dura. Recovery uneventful.

Case III. Male, white, 63 years of age, referred by Dr. J. S. Meserve. History of blow over right eye January 17, 1914, and convulsions since February 13, 10 P. M.; comatose, 10 A. M., February 14; operation 12:30 P. M., same day under chloroform narcosis by removing an area 1¼ by 2 inches of the right frontal bone immediately to the right of the median line and just above the orbital ridge. The dura bulged and was crucially incised, permitting about two ounces of dark bloody serum and one tablespoonful of degenerated clots to escape, also a small amount of pus-like fluid. The dura was very dark and thickened. Upon exploring the arachnoid cavity with a spatula more fluid and clots escaped, but the dura was not attached to the skull. There was no evidence of fracture. Tape was inserted so that both the arachnoid and subcutaneous spaces could drain freely, and the soft structures closed by sature. He recovered from the operation and regained consciousness at 10 P. M. on the same day and died three hours thereafter. Autopsy corroborated the diagnosis of acute hemorrhagic meningitis without fracture.

Case IV. Male, white, 49 years old, thrown from buggy, striking right side of head two inches above and in front of ear against a telephone pole, December 23, 1913. Slight cerebral symptoms immediate, such as contusion, dizziness, pain in head and debility until March 6, when convulsions, severe and frequent, began, with delirium of a vicious character and continued until March 11, on which date at 7 P. M. I removed by trephine and forceps bone to the amount of two by three inches over the arm and leg center. About four ounces of very dark blood escaped from the extra dural space. The dura was then incised but the arachnoid space was without effusion. Only about one ounce of chloroform was necessary for a rapid operation. The pulse was feeble, but respiration was good throughout the course of the operation until about the time of its completion. Death ensued within twenty minutes after suturing the cutaneous structures.

Brain Tumor.

At a clinical conference at the Neurological Institute of New York, Dr. Foster Kennedy presented this case of tumor in the left temporosphenoidal lobe involving or producing pressure on the mid-brain, especially the corpora guadrigemina:

T. D., aged 24 years, was admitted to the Neurological Institute on October 8, 1913. His present illness dates from four months ago when he began to suffer from severe headaches: these have been persistent and progressive. In early September he began to have attacks of vertigo of indefinite character, of a severity to interfere with walking; he lurched chiefly to the right side.

About the same time the right eye began "to turn in" and he complained of seeing double; he also told of seeing objects "like ghosts" and of frequent subjective sensations of smell and taste. There has been occasional vomiting, and for some days before admission considerable stupor has become evident. Both pupils are small and without reaction to light or on accommodation. Conjugate movements of the eyes in upward and downward directions are almost completely abolished. No hemianopia. Paretic jerking of the eyeballs on looking to the right and left sides. Gross papilloedema in both fundi. There is a weakness of the right side of the face of supranuclear type. There is no ataxia demonstrable in any of the extremities. Marked weakness in right arm and right leg. No atrophies. All deep reflexes in right arm and leg much brisker than on the left side.

Abdominal reflexes: Right, absent; left, present.

Plantar reflexes: Right, extensor; left, flexor.

Considerable defects in word-memory. When shown his rosary, he said it was "a bit of brass" but could not name it. A key was identified as "matches," which error was repeated for several other objects immediately afterwards shown to him. This patient has in the ocular symptoms the typical and well-known complex produced by lesions in the region of the quadrigeminal bodies. His marked increase in weight—twenty pounds in the last six months—with his eye symptoms might point to a tumor originating from the pineal gland. In such growths, however, by the blocking of the iter and the rise in ventricular pressure there is produced bilaterally equal pressure on the two pyramidal tracts. In this case, evidence of such pressure obtains only on the right side of the body. This fact together with the failure in word-memory would seem to point to the gradual spread to the midbrain of pressure from the left temporosphenoidal lobe. If credence be placed in the history of subjective visual, gustatory, and olfactory sensations, then the probability of this tumor being primarily temporal and secondarily quadrigeminal becomes much increased.

Dr. Elsberg punctured the corpus callosum in a vain attempt to withdraw fluid from the ventricles. In pineal growths the ventricles are much dilated. A tumor pressing mesially from without would compress the ventricle and diminish its cubic space. Therefore perhaps it is justifiable to consider the result of this operation as being in itself of diagnostic significance.

Strangulated Hernia With Gangrene.

Dr. L. P. Allison, Brownwood, Texas, reports this case in the A. M. A. Journal, May 25:

Fred D., aged 22, was attacked at 6 P. M., November 22, 1913, with a sudden pain in the right testicle. The pain was not severe enough to prevent sleeping, but on arising in the morning the patient found the testicle swollen and painful. He felt so sick that he was advised to

hurry to his home, 50 miles away, the physician telling him it was an orchitis and "would need lancing." There was no history of specific infection, traumatism or grip, but the patient declared that the swelling began in the testicle. On reaching home, he called his physician, Dr. McDaniel, who made a diagnosis of orchitis (second day), but later on the doctor was not satisfied with the diagnosis owing to the violence of the patient's symptoms. The third day the patient began to vomit frequently; the abdomen was greatly distended, but not very tender, pulse 98 and temperature 99.8; he was restless and had a very anxious facial expression. The scrotum was as large as a cocoanut; the skin was bluish black and the prepuce the same. Both began sloughing the morning of the fourth day. I saw the patient at 11 P. M., end of fourth day, and found all the above-described conditions present but more pronounced. The scrotum was black and sloughing; also the skin of the right side of the penis and the prepuce were in the same condition. There was a foul odor from the blackish exudate. We suspected strangulated hernia, but never having seen such a condition of the scrotum and penis in any strangulated hernia, I was not sure what we had to deal with. The operation revealed a large loop of small bowel in the scrotum, which was black and gangrenous and of a very offensive odor. I made a resection of nine inches of the small bowel, using a Murphy button, and did the best Bassini operation I could under the circumstances. The anesthetist, Dr. Bowden, reported the patient dying on the table, but nevertheless the operation was completed. Just as I finished, the patient "flinched" and I found that he was not so dead as we had thought. He finally rallied, and has made a good recovery. He passed the button the eleventh day.

Pellet of Lead in the Eye-Ball 25 Years—Still Retained Useful Vision.

Dr. Stephen C. Ayres, Cincinnati, reported this case at the meeting of the Academy of Medicine of Cincinnati, held May 25, 1914, as reported in the Lancet-Clinic:

Mr. L., forty-one years of age, was injured in the right eye March 12, 1914, in the following way: He was drilling a hole in a brick wall to wire an anchor to hold a slab of marble in some wainscoting. A piece of brick flew from the point of the chisel, struck and penetrated the central portion of the cornea and produced a traumatic cataract. He went immediately to Indianapolis and was examined by Dr. J. L. Masters. The opacity of the lens prevented him from seeing the fundus. Thinking that possibly a bit of metal from the hammer or chisel had penetrated, he tried the Haab magnet with negative results. The next day he came under my care. There was a scar across the central portion of the cornea which had closed. The lens capsule was extensively ruptured and the lens swollen and opaque. The globe was deeply infected but not painful. There was some chemosis and numerous subconjunctivae hemorrhages.

In order to be sure whether a piece of metal had penetrated, I sent him at once to Dr. Sidney Lange to be examined with the X-ray. He gave me the surpprising report that he had located two foreign bodies, one in the eye and one in the orbit. The negative showed that these foreign bodies were round, resembling bird shot. The patient did not mention it to me or Dr. Masters that the eye had ever been injured previously.

When confronted by the negative and asked whether the eye had ever been injured before, he said: "Oh, yes, twenty-five years ago while bird shooting, I was accidently shot in the face by a friend and the doctor told me there were two shots there which he could not remove." This confession illuminated the case very much and accounted for the two pellets of lead which had been seen. I wanted to save the globe if possible, but gave an unfavorable prognosis on that point. The eye improved under treatment and for a while the prospect of saving it seemed good. On April 9 he had some ominous flashes in left eye and I advised immediate enucleation and did it the next day.

The examination of the globe was very interesting in view of the skiagraph which Dr. Lange had made. The chart showed one bird shot located near the retina and just below the entrance of the optic nerve. On opening the globe, I found the vitreous was in fairly good condition. There was a complete rupture of the ciliary body with extensive hemorrhages in that region. I found the pellet of lead close to the retina and suspended in the vitreous. It was not encysted as they more frequently are. Its force had been expended before it quite struck the fundus and there it remained. It is covered with a white deposit and is flattened out into an oval disc. There it remained for twenty-five years causing no trouble. The patient said that he had some vision in it—could see large print. Ophthalmic literature is full of the behavior of pieces of iron, steel and copper in the eye and but little is said about bird shot. It is every one's experience, however, they are not offensive. They do not oxidize and if they penetrate and destroy the sight, they become encysted and remain quiet. I have never seen nor read of a case like the one above, where the piece of lead remained suspended in the vitreous. A few days ago I saw a gentleman who had been shot in the eye forty-eight years ago. The lead had passed through the cornea, iris and lens and probably through the globe and lodged in the orbit. The eye was blind but quiet.

Tubal Pregnancy in Which the Abderhalden Test Was a Valuable Adjunct in Diagnosis.

Reported by Dr. H. W. Wightman, Omaha, Neb., in the Western Medical Review.

Mrs. F., of Omaha, aged 34, married, last birth eight years ago, was first seen February 20, for severe abdominal pain. Patient gave history of very irregular menstruation periods from five to seven or eight weeks apart for past seven years. She states that she had no abortions during this time. Last period occurred December 5, and she states that on February 2, she had an attack of severe pain in lower left abdomen which lasted thirty minutes, and for following two or three days she had a slight bloody discharge.

She did not call a physician at this time, and thought her tardy menstrual period had occured. Three weeks later second attack of severe colicy

pain in lower left abdomen occurred, at which time I saw her.

Vaginal examination; cervix of apparently normal size and consistency, uterus enlarged to about three times normal size, moveable, not tender. A small mass could be made out in left adnexa region. Palpation otherwise negative. No abdominal tenderness nor rigidity.

Diagnosis: Probable extra uterine pregnancy. Serum from 5 c.c. of patient's blood was used for Abderhalden test, and two duplicate tests were made, using ninhydrin as the reagent, which showed the peptonic reaction after fourteen hours incubation.

Patient was admitted to St. Joseph's hospital February 25, and operated following day. On opening abdomen in median line, a small, congested, blood-stained, shreddy mass was found at terminus of left tube, and closely adherent to ovary, which was twice normal size and beset with hemorrhagic cysts. Free dark brown blood clots were found in the pelvic fossa and in Douglas fossa. The mass with tube and ovary was removed. Blood clots removed, abdominal wound closed without drainage. Patient made an excellent post-operative recovery.

The uterus was not curetted. Slight bloody discharge with some membranes continued for fourteen days. Patient left the hospital on sixteenth day and assumed household duties.

Non-Tuberculous Cortical Infection of Kidney.

Dr. A. I. Folsom, Dallas, Texas, in the Texas State Journal, reports these cases in a paper:

Case 1.—Mrs. H., seen in consultation with Dr. J. B. Smoot of Dallas, aged 56, wife of a farmer, gave a history of long standing urinary disturbance, varying in severity, at times free from any disturbance at all and again experiencing quite marked frequency of urination, the time honored "irritation of the neck of the bladder." Recently she has had an unusual amount of trouble consisting of the usual attack with the addition of pain in the right side with chills and fever. The chills had been irregular and the fever had been of the septic type, going up to 103°-104°. When first seen she was plainly septic. There was a tender mass in the right loin, freely movable and thought to be the kidney, with quite marked reaction to the first percussion. Ureter catheters showed pus and a small amount of blood from the right kidney and clear urine from the left; right urine marked albumin, left only a trace of albumin. Functional test of phenolsulphonphthalein showed normal excretion from the left side with delayed and decreased excretion from the right side. Operation was advised and a nephrectomy was done immediately, with an uneventful convalescence and perfect health for two years. The kidney showed several foci of suppuration and was engorged throughout. The pelvis showed evidence of a long standing pyelitis which I am sure was the immediate cause of the renal infection, due originally to the fact that the kidney was prolapsed.

Case No. 2.—Mrs. M., seen in consultation with Dr. R. W. Baird of Dallas, age 39, gave a history of having had trouble with her urine for a long time, dating from her last confinement four years previous. During the last two years she had rheumatism very badly and had not been able to walk for six months. Four days before I first saw her she had a severe pain in the right lion followed by high fever and irregular chills, with marked prostration and the urine for the first time had attracted attention; it was loaded with a sediment. Irregular chills and fever had persisted and when I first saw her she was extremely septic and very weak. Physical examination revealed a tender mass in the right loin, temperature 104°, pulse 140. Ureter catheters showed very thick urine with pus from the right kidney and clear urine from the left kidney. Phthalein test showed the left kidney to be performing nicely, excreting about 25 per cent. in the first half-hour. I operated immediately and found an intensely congested, enlarged kidney, with four foci of suppuration, which was removed. Convalescence was very good, with a more rapid improvement during the next two months after leaving the hospital. Her rheumatism has disappeared entirely and the general health is good. The pelvis of this kidney showed a severe grade of inflammation, almost of a hemorrhagic type. This is, I think, a duplicate of Case No. 1, only more severe, both having a prolapsed kidney with imperfect drainage and a consequent infection. The resulting pyelitis had in Case No. 2 given rise to symptoms of rheumatism. In each case the pyelitis had been the forerunner of the cortical infection.

Abstracts from Medical Journals.

Nerve Transplantation in Laryngeal Paralysis.

Drs. G. Serafini and O. Uffreouzzi state in Il Policlinica that they have demonstrated in animal experiments that it is possible to restore functional power to the distal segment of a severed superior laryngeal nerve by transplanting the free end of this segment to the pneumogastric nerve at the level of the original injury.

The Carriers of Gonococcus Infection.

Dr. A. Guepin, in an article in Pratique des Maladies des Organes Genito-Urinaires divides these into three groups as follows: (1) convalescents from an acute gonorrheal infection; (2) cases of chronic infection; (3) those individuals who have no clinical symptoms of Neisserian infection and who deny that they have ever had such symptoms. Rigorous bacteriological examination is necessary.

Results of Tonsil Operations in School Children.

Dr. Cocks, in the N. Y. Medical Journal, basing his conclusions upon the examination of over 100 children, selected from the public health records of cases recently operated on in the local hospitals and dispensaries, finds that of 89 cases operated on 10 per cent. received mutilations to the soft parts adjoining the tonsils. Of 21 cases operated on without general anesthesia 90 per cent. were badly done; of 52 cases operated on with general anesthesia 25 per cent. were badly done; there were 31 children who required further treatment for the nasal condition. From which he concludes that the system now employed, notwithstanding its usefulness, can be materially improved.

Feeding of Malnourished Infants with High Proteins and Carbohydrates and Low Fat Values.

Dr. D. J. M. Miller, Atlantic City, at the annual meeting of the American Pediatric Society, said that the method that he wished to present was the result of slow conviction and clinical experience and dealt with no theories of malnutrition. The most successful method of nourishing children of the class under discussion was by human breast milk, and too much time was wasted in seeking food substitutes before resorting to wet nursing. Buttermilk, eiweissmilch, Keller's malt food, etc., had all been tried and found applicable for a short time only. The low fat and high proteid or carbohydrate content were characteristic of this class of preparations. Many infants with an intolerance for cow's milk could be accustomed to it by feeding very minute quantities and very gradually increasing them at short intervals. No infant should be kept long on a fat-free diet. When the fat was reduced to minute proportions there should be a relative and often an absolute increase in the carbohydrates. Finkelstein's views were quite generally accepted that there was no danger from the proteins. In his series of cases the proteins were never excessive in quantity. He had never been impressed with the injurious effects of sugar, for should acidosis occur the results would not be serious and could easily be corrected. The series in which he had made his observations belonged to the extremely atrophic and marasmatic class. Skimmed milk formed the basis of the formulae with 1 to 2¾ per cent. fat. Floured dextrin or dextri-maltose were added. The children were not kept long on a fat-free diet, though the percentage of fat might always be below that of the normal formula. Eleven children were fed on this principle and the results were very favorable.

In a recent issue of the Journal of the American Medical Association appeared the following:

(a) Mannheimer reported the results of 18 cases treated in New York and in not one was there improvement which could be attributed to the treatment.

(b) A commission of the best known Canadian physicians, after watching the patients inoculated by Friedmann in the Canadian Hospitals, makes a similar unfavorable report.

(c) Anderson, for the United States government, detailed to watch the progress of cases treated by Friedmann in this country, also gives an unfavorable opinion of the treatment.

(d) The German physicians generally condemn Friedmann and his method.

(e) The Rhode Island State Sanatorium, where 120 patients were given this "cure," reports that the patients have shown none of the benefits described by Friedmann, but that 17 per cent. are worse than might have been expected under just ordinary sanatorium treatment.

Plans have been completed for a Medical Club House at Wilkes-Barre for the Luzerne County Medical Society. It is to be of stone and brick, 48 by 65 feet, fireproof and will cost $20,000.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

On Friday, October 30th, the Atlantic County Medical Society motored to Vineland, N. J. and there visited the Home for Feeble-Minded. A very enjoyable and profitable day was spent; the party, about fifteen in number, leaving the Atlantic City Hospital at ten-thirty A. M. and arriving at the Vineland Home about noon.

The members were shown through the institution and had demonstrated to them, ward cases. Female patients from about ten years of age up to elderly women made up the classes. These patients are not sick, although ample provision is made to take care of any sickness which may arise and the facilities are thorough throughout.

A splendid dinner was served and after this the members were shown the operating room, bath department and the proposed new dispensary which is under way.

We then had the pleasure of hearing the orchestra play, and of seeing the gymnasium classes exercise and drill, the participants being all inmates of the institution.

About mid-afternoon the society left Vineland for home much gratified with what they had seen and heard and much indebted to the Superintendent,—Dr. Madeleine Hallowell, for her extreme kindness and courtesy.

November Meeting.

The society held its regular November meeting at the Hotel Chalfonte, Friday, 13th. The meeting was called to order promptly at 8.30 P. M. In order to allow the speakers of the evening to depart on the eleven o'clock train the scientific program was presented before the business routine.

Dr. Henry D. Jump, of Philadelphia, read an interesting paper on—"The Significance of Pain in the Upper Abdomen."

Dr. Levi Hammond, of Philadelphia, read an equally interesting paper on—"The Correlation of Appendicitis and other Abdominal Conditions."

The papers of Drs. Jump and Hammond, somewhat similiar in trend, were discussed jointly.

Dr. M. W. Reddan, of Trenton, in closing the scientific program, read an enthusiastic paper on—"Spinal Anaesthesia."

The paper of Dr. Reddan was full to the brim of terse, straight-from-the-shoulder facts concerning spinal anaesthesia based on his own experience with this method. He showed without question the advantage of spinal anaesthesia—anaesthesanesia, as he terms it—over the old general anaesthesia provided it is used with the proper precautions and the technique is carried out carefully and properly by one experienced in such procedures.

A vote of thanks was tendered the speakers of the evening.

Dr. Clarence Andrews was elected to active membership.

Dr. W. Blair Stewart, who was appointed chairman of the committee to investigate the address supposed to have been made by Charles W. Egan relative to human vivisection, reported that the committee had made a thorough investigation of the matter and that they

were entirely satisfied Mr. Egan had been misquoted and so the stigma removed from the medical profession.

In replying to a letter from this committee Mr. Egan said:

My dear Dr. Stewart:

I thank you for your letter of October 28. As is usual, and I presume you have had the same experiences, utterances made are, in nine cases out of ten, "garbled" when they reach the press.

What I said was that in speaking of vivisection (and let me say right here that I am not against, nor do I talk vivisection, when humanely conducted, but unnecessary cruelty connected with it is the only theme upon which I speak, believing that vivisection conducted humanely is absolutely essential to human progress) was what I read in an anti-vivisection ojurnal of the innoculation of orphan children with virus of a loathsome disease. and I said that if that were true, vivisection had gone pretty far. I did not say it was a positive fact, neither do I recall the name of the institution the article referred to, having read the article casually over a year ago.

I do not want to appear before the medical fraternity in an adverse light, because I realize the great work they have done and are doing for the benefit of humanity, and would be the last one in the world to reflect on their profession. Thanking you for calling my attention to the matter, I beg to be.

Very sincerely yours,

C. W. EGAN.

It was moved, seconded and carried that the original resolution together with Mr. Egan's letter be published in the newspapers and the incident be closed.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter. . .

The regular monthly meeting of the Bergen County Medical Society was held at the Union League Club, November 10th, 8:15 P. M. The president, Dr. Frank Freeland, occupied the chair. Thirty-one members were present and several guests. Dr. T. N. Gray, secretary of the State Society, was present and spoke in behalf of the State Society and urged that every effort be made to increase our membership.

The scientific program was as follows: Dr. William H. Park, New York City, "Some New Observations On the Use of Antitoxin, with Specific Reference to Tetanus."

Dr. S. A. Brown, New York City, "Comparative Value of Systolic Pressure and Cardio-Vascular Load and the Significance of the Cardio-Vascular Load in Pneumonia and Myocarditis."

Papers were discussed by Dr. T. N. Gray and others. After a social session the meeting adjourned.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Academy of Medicine of Northern New Jersey, at the stated meeting, November 18th, entertained Dr. Miles F. Porter, of Fort Wayne, Indiana, who read a very interesting paper on "The Thyroid Gland, With Special Reference to Its Surgical Diseases." The treatment, injection of boiling water, applied in proper cases, perhaps with operation also later in some cases, was fully described and advocated. The speaker received marked attention by his audience and inspired much discussion and many questions. The section on pediatrics met Friday, November 6th, in the afternoon, and a goodly number was present and discussed clinical cases of children. The section on medicine met Tuesday, November 10th. Dr. C. E. Teeter read a paper on "Pathology of Anaemias;" Dr. Raymond Mullin one on "Symptoms of Pernicious Anaemia;" Dr. E. W. Sprague spoke on the "Treatment of Pernicious Anaemia by Transfusion of Blood;" Dr. F. W. Pinneo described the method of transfusion by the method of Dr. A. R. Kimpton and showed the glass cylinders with which it is done. Dr. S. B. W. Leyenberger reported two cases of leukaemia, lymphatic and myelogenous, with treatment by benzol. The section on eye, ear, nose and throat met Monday, November 23rd. Drs. M. Seidmann and J. D. Moore presented a case of cerebellar abscess, and Dr. Wallace Pyle one of injury to the eye. The section on surgery and gynecology met Tuesday, November 24th. In a symposium on abnormal pregnancies Dr. G. F. Rogers read a paper and J. F. Condon discussed "Toxemias of Pregnancy," and W. P. Patterson, "Etiology and Pathology of Toxemias of Pregnancy."

The Essex County Patholological and Anatomical Society met Thursday, November 12th, and an unusually large audience took an exceptionally lively part in the discussion of the following excellent program:

Cases.

1. Banti's disease (splenomegaly with secondary anemia) with clinical and pathological findings, Drs. Asher and Martland.
2. Anthrax with clinical and pathological findings, Drs. Haussling, Miekls and Rubinow.
3. Vincent's angina (spirochaeta vincenti), Dr. Murray.
4. Oxyuris vermicularis in appendicitis (with lantern slides), Drs. Gray, Hagerty and Henry.
5. Tuberculosis nephritis, Dr. Hagerty.
6. Tumors of bone (syphilis or tuberculosis?), Dr. Keppler.

Specimens.

1. Ectopic gestation, foetus in situ.
2. Large fibro-myoma, calcareous degeneration, Dr. John W. Gray.
3. Chronic pyonephrosis, Dr. Edgar A. Ill.
4. Myxo-fibroma uteri.
5. Ectopic gestation, Dr. Hosp.
6. Demonstration of many specimens of pathology, gastric ulcer and others, from City Hospital, Dr. Martland.

The William Pierson Medical Library Association met at the Pierson Memorial Rooms, Orange, Tuesday, November 17th. Dr. James G. Dwyer, of Columbia University, pathologist to Manhattan Eye and Ear Hospital, delivered a lecture on "The Rationale and Practical Use of Vaccines and Serums in Infection," a subject pregnant with important and interesting data which the speaekr handled with instructive application for his audience.

The Newark Medical League met Monday, November 16th, to hear Dr. Drew Wardner, of the Essex County Insane Asylum, on the treatment of paresis by intra-thecal use of salvarsanized serum, the topic being also discussed

by Drs. Guy Payne, G. W. Davies, William Hicks, and Otto Lowy.

GLOUCESTER COUNTY.

George E. Reading, M. D., Secretary.

The Gloucester County Medical Society held its regular meeting at "The Training School for Feeble-Minded Boys and Girls," at Vineland, on November 19. In spite of the stormy day a large number of the members were present, along with delegations from Camden, Cumberland and Cape May District Societies.

Superintendent Johnstone spared no effort to make the visit of the society a profitable one and the members were much interested in the general work of the institution and especially in the work of the chemical laboratory, which has gone a long way toward putting the detection of feeble-mindedness upon a scientific basis, by means of showing the chemical differences in the blood and metabolic products of feeble-minded subjects from those of healthy subjects.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The Hof Brau House, Five Corners, Jersey City, accommodated the Hudson County Medical Society on Wednesday, November 4, 1914.

Dr. G. K. Dickinson, president, called the meeting to order, and the usual routine of minute reading, etc., was observed.

The Publicity Committee consists of Dr. F. D. Gray, chairman, and Drs. Forman, Strasser, De Merritt, Jaffin, Pollak, Sexsmith, Spence and Arlitz.

The Committee on Constitution and By-laws presented their revised edition. and a vote of thanks was extended to Drs. A. Haskings, F. D. Gray and C. H. Purdy, and Dr Haskings, who had labored earnestly and effectually, was asked to accept a goodly share of the appreciation.

Dr. F. D. Gray, on behalf of the membership committee, mentioned that no regular meeting had been held since last report; that seven new applications would be presented this evening. The committee should not feel that their work was done until every eligible man in the county was in our fold.

Dr. G. K. Dickinson announced that in December the scientific paper would be taken care of by Drs. Winter and Franklin. In January (probably the 6th, at 4 p. m.) he expected to have Dr. Crile, of Cleveland. The afternoon would be the only time he could be here. In February, Drs. Larkey and Woodruff. March, Drs. Pollak and Jaffin. April, Drs. Nevin and Jones. May, Drs. Street and Fendrick.

Dr. F. D. Gray, chairman of the committee that appeared before the Mayor and Commissioners in relation to the deposing of the Superintendent of Health in Jersey City, thanked the members—a goodly number—who visited the City Hall to support him. He felt a good argument had been made, but if final success were to be attained, this initial movement must be vigorously followed up by a campaign of publicity, pitiless or otherwise, and to that end space had been secured in two of the local newspapers; good editorials had been launched, and he had also in view, expressions on the topic from the professors, from lawyers, prominent business men, one or two dominies, and in order to stir up the good women of the county, steps had been taken to get in touch with the Women's Club. He felt the commissioners would realize they had made a mistake, and thought that later they might be glad to rectify it.

A communication from the Medical Society of New Jersey stated that with the influx of new members the society was entitled to more permanent delegates, but as they were not ejected at the annual meeting, it would be impossible to correct the omission.

The Public Heath and Legislative Committee consists of Drs. Spence, F. D. Gray, G. E. McLaughlin, Pollak, Spaulding and Brooks.

Committee on Scientific Work will be formed by Drs. William L. Pyle, W. H. Axford and J. T. Mooney.

Dr. Thomas N. Gray, the State secretary, said he would like to ask Dr. Dickinson the definition of "notorious," which he had used in introducing him. He felt it was almost like carrying coal to Newcastle to bring him to Hudson. He complimented the society on its wonderful showing in recent membership admissions, and added that no other county, in spite of well determined efforts, had even approached the results. He issued a warning note, that no matter how flourishing this department might be, no great good could result unless the membership was used for the best things that count. He felt sure the society had a committee on public affairs, as this had been a hobby of his for several years. He deplored the fact that the standing of professional men in the community has not been what it was in former times. We read stories of medical men in the past who commanded great respect and were a power for enormous good, because they used their strength in proper channels. In these days the medical profession has very little influence in legislative matters, in county or State, because we find the legislators simply represent the average mind in the community, and they have not been fully informed, or fail to grasp the essentials of a matter with which they have had small acquaintance and, furthermore, when we attempt to restrain certain practices, we are accused of trying to stuff our pockets. What we must do is to really show the legislative body that the profession of medicine is really the most altruistic body in the world and get them in such a frame of mind that when a law is placed before them, which law the medical men want, they will have to realize that it must be for the best interests of the community, and their duty should be clear He emphasized that all through the history of medicine the great aim had been to relieve suffering and lengthen life. This idea had been carried out with very few exceptions. Physicians were seldom commercialized. The profession did not fight or attempt to restrain some of the cults because of the pocketbook. but because the public welfare was menaced, often by failure of ability to diagnose.

The speaker insisted there was a great responsibility on the county society; that besides the scientific papers and all the other

mental pabulum, there were many other avenues just as important. He believed legal aid should be made a very important factor in the societies' activities. He decried the indiscriminate counter prescribing by druggists. and felt all these complaints should be referred to a physician, as they often portended more serious conditions than were imagined. He stated the only legal business the druggist had was to dispense medicine, according to physicians' prescriptions, and every time he counter-prescribed, he not only assumed a responsibility which he had no right to, but he was also depriving some doctor of a legitimate fee. Dr. Gray then spoke on the abuse of medical charity, and said this fact should be strongly brought home to the hospitals and dispensaries, so we would not see some one in an auto and furs, sponging on the aid designed for the needy poor. He thanked the audience for the opportunity and pleasure of addressing them.

Dr. A. E. Jaffin spoke of an investigation made in a dairy by the Essex Milk Commission, and referred in this connection to an article published in "The Globe." He wanted to know the status in Hudson County and where we stood on the certified milk question. Dr. Samuel A. Cosgrove answered this interrogation in detail, giving the plans of proceedure in Hudson County; the employment of veterinarians, the selection of herds and the testing thereof.

Under interesting cases, Dr. Thomas N. Gray recounted the story of a child which he had previously reported to the Academy of Medicine. Briefly, the little patient had for four and a half months attacks of colicky abdominal pain, and had been under the care of fifteen physicians. The narrator made a diagnosis of chronic intussusception, which was confirmed at operation, when six inches of gut were removed. Two months later a large mass was apparent in the abdomen, and on opening the cavity it was found to have dense attachments to the neighboring viscera and abdominal wall, and was inoperable. The pathological report showed mixed sarcoma and carcinoma of the gut. Had the condition of chronic intussusception been recognized early and corrected, would metastases have developed?

Dr. F. D. Gray cited a case showing the great care necessary in examinations. A woman who had hematuria was examined by competent urologists, general practitioners and surgeons, as she had been suffering in that way for several months. The speaker saw her and found a mass on right side of uterus, presumably a pus tube, but this did not explain her hematuria. The presence of this mass was confirmed by a well recognized gynecologist. Exploration of the renal region revealed a mass as large as two fists. He believed the case finally went to Newark, and he heard the next cystoscopy revealed a papilloma, which had escaped three good men. He was inclined to regard the case as one of malignant kidney.

Dr. Jaffin, commenting on Dr. Thomas N. Gray's case, recalled the fact that sarcoma of the bowel is nearly always multiple and. therefore, early operation would not save these cases and, furthermore, inasmuch as the disease attacks the bowel on the outside, obstruction is not so liable to occur.

Dr. J. H. Rosenkranz spoke of the rapid return of tubercular glands after surgical removal. He advocated in these cases the use of tuberculin injections, and described his happy results on the glands and in the exhilaration of the patient.

Dr. S. R. Woodruff talked on the genito-urinary treatment of so-called "rheumatism" and allied conditions. The resistance of chronic gonorrhoeal arthritis to any therapy, even the much vaunted vaccine, was only too well known. In two patients ill for six to ten months, in hospitals, etc., unable to move hands or feet, were within forty-eight hours after opening and draining the seminal vesicles on both sides, much relieved and have remained so.

Dr. Henry Spence said his position tonight reminded him of the man who, attending a function, had some trouble with his apparel, and entered a small adjoining room, where he became incarcerated and, after vigorous pounding on one of the doors, he emerged precipitately into the ballroom. He was projected, as it were, to fill a vacancy or breach in the paper programme. Hence, he did not intend to do any more than talk on some of the errors in diagnosis, particularly in the abdominal diagnoses, and the careful examinations necessary. He did not intend to infer there should be any greater care exercised in abdominal diagnoses than in other cases, but that some of the things to be mentioned were more familiar to him in his work than in internal medicine. He wished to emphasize the fact that many were losing opportunities to make themselves proficient in diagnosis. A few years ago an investigation of the public clinics in New York was made after a great many complaints had been lodged. The idea was to find out what was lacking in the efficiency of these institutions. It was shown that fifty or sixty per cent. of the men who took charge, lived in the neighborhood. A large proportion of the physicians who were running these clinics in internal medicine never removed the outer garments of the patients. So we can see the reason for inefficiency. Dr. Murphy, last year, called attention to the great opportunity young men are having in clinics and dispensaries to improve themselves in diagnosis. From the way the young men in our city are taking hold of the outdoor departments, they are not deriving the benefits they might in securing ability to diagnose. Diagnosis is not a thing which comes by length of years. The only thing that makes for proficiency is by hammering at our cases, and we sometimes get careless, or in a hurry, and make mistakes. The speaker told of an instance, where, when a young fellow, he had made a call for his old friend, Dr. Dickinson. The patient was only two years of age, and the circumstances made a lasting impression, and made him particular with children. In these cases the little ones cannot give a history, and the statements of parents are often vague. In the case in question there was nothing particular on which to hang a diagnosis, and the patient could not be persuaded to allow a thorough examination. Next morning Dr. Dickinson saw

the case, and reported a very large axillary abscess. Had he not asked to have the youngster undressed, he felt Dr. Dickinson would have had cause to roast him.

In examinations of the abdominal regions there are some things often missed. We should note whether it is flat or distended, the quality of the distension and its location. By tension we judge that the muscles are trying to protect some organ beneath that is sensitive. This makes us suspicious. Then we should also notice pain, and the kind of pain. Palpation will demonstrate whether superficial or deep tenderness exists, and this deep tenderness is one of the things on which many fall down. A patient may exhibit symptoms of abdominal distress, vomiting, pain, etc. A careless examination on the surface may not reveal any evidence of much distension, and the condition is characterized as "acute indigestion," etc. In such cases a systematic and thorough examination, using deep pressure will often show that the real origin of the pain is in the region of the appendix and caecum. In many cases of appendicitis, where the appendix is post-caecal, few positive signs present themselves, except the deep tenderness. and this may also often be elicited by rectum or vagina. The vomiting in abdominal cases is worthy of special attention, its exact character, time of occurrence, repetition, etc.

The X-ray, with bismuth meal, has become a very valuable aid to diagnosis, not only grossly but in determining the exact conditions, as for instance, chronic appendicitis. The help from this aid has often resulted in making one positively certain about the necessity for operative interference. Sometimes the symptoms are vague, and if the appendix shows the bismuth injection and is kinked, it makes one feel much more certain in the absence of classical symptoms. Some of the chest conditions which have extended downward, produce abdominal symptoms, and often make differentiation difficult, e. g., diaphragmatic pleurisy, pneumonia of lower lung lobe. Hence, examination of chest is very necessary, as the removal of an appendix that is not very sick, or any intra-abdominal interference in these pulmonary conditions is fraught with considerable risk.

Dr. Spence then cited the following cases illustrative of the points referred to in his talk. On account of space, merely the essentials are here recited:

1. Patient nineteen years old, tenderness near McBurney's point; no jaundice, chills or colic. Operation revealed a very elongated gall bladder up against the anterior abdominal wall and filled with stones. This was one of the surprises, but the case was seen many years ago before the diagnosis of appendicitis was as easily made as it is now.

2. Child seven months old, first symptoms convulsions; was a prepared food baby, and in bad condition. Next morning, bloody mucus stools, slight abdominal distension; some relief from distension by tied in catheter. Later, operation showed an intussusception of caecum and appendix into the sigmoid; reduced; removed appendix; good recovery.

3. Patient sent into hospital for obstruction. Some indefinite symptoms of appendicitis. Abdomen loose and flabby; shortly afterwards almost complete obstruction; irrigation of bowel unsuccessful. Celiotomy revealed the largest and most distended caecum the speaker had ever seen. Appendix long and showed evidence of old-time inflammation; a strong fibrous band ran along the colon to hepatic flexure, and there practically produced occlusion; this band was severed. This atonic gut will probably never recover anything but partial function.

4. A very puzzlinz case; man fifty years, nodular mass in region of caecum; no temperature; suspected malignancy; refused exploration; went to neighboring city, told immediate operation or death. Large mass found, due to gangrenous appendix with dense adhesions and closed abscess.

5. Small emaciated woman; history of repeated attacks of vomiting, ceasing in a few hours; ill five days when seen; vomiting had persisted; abdomen distended, and evidence of fluid; almost moribund. Celiotomy disclosed ovarian cyst with twisted pedicle; recovery.

6. Another case offering difficulty in diagnosis; boy seven years, ill five days in country; diagnosis of appendicitis made; brought to hospital; no vomiting, tenderness or distension; rapid pulse; on lower left side of abdomen distinct lump. No history of bloody stool. Operation brought to light an intussusception which necessitated resection, with fatal result. If diagnosis and operation had been made earlier, boy should have been saved.

Finally, the question of exploration for abdominal diagnosis comes up. The narrator felt that every other effort should be first exhausted, and in the vast majority of cases, a reasonable working diagnosis can be reached.

Dr. G. K. Dickinson said that very often these desultory remarks were much better than a paper. When a man "talks" he is more apt to give out those things which interest him, than if he reads a paper and polishes it up. He felt that the remarks of Dr. Spence would come home to all who have trouble in abdominal diagnosis.

Dr. M. A. Swiney was called to see a child two years old, on whom a previous attendant had diagnosed appendicitis. He found pneumonia. He suggested—to hold the hands on a child's abdomen, and on crying—as they usually do—the muscles will relax, and by piano percussion, rigidity, etc., can be reckoned with, and contents felt. Another case he cited was that of a man who had been operated on by Dr. Dickinson for a left hernia. A physician told him, subsequently, that he had a hernia on right side, and that the left needed another job. Honest scrutiny showed a very slight varicocele on the left.

Dr. F. D. Gray saw a man with suspicion of obstruction. Celiotomy proved no obstruction, but simply a doughy mass filling rectum. Digging out lower bowel would have saved operation, hence, make timely examination by rectum. As a very practical point, he mentioned never to forget the full bladder, particularly in a woman, as suspected ovarian cysts, incarcerated pregnant uteri with pain, etc., are sometimes best operated on by one surgical instrument—a catheter. A recognition of this possibility will save much chagrin. On the differential diagnosis of a low pneumonia and appendicitis, Dr. Gray thought the

much accelerated respiration would tell the whole story.

Dr. G. K. Dickinson mentioned that he had once to pay Dr. Lusk, of New York, $50 for telling him that all the patient needed was to urinate.

Dr. A. Nelson made a brief talk on the difficulty of acquiring wisdom, and told of a man who was in good health with the exception of vomiting attacks, more severe when his wife was pregnant (she did not vomit). Examination of stomach contents did not show anything pathologic. Slight tumor in inguinal region; operated; contents omental. Three months later a sarcoma developed at sight of operation, and he wondered if the surgery had been the exciting cause.

Dr. Arthur P. Haskings recalled many interesting problems in diagnosis which came under his observation as assistant county physician He felt that following a severe abdominal injury, with proper surroundings, where reasonable doubt existed as to the extent or severity of the trauma, that one should not wait for peritonitis to give the clue, but that exploration should be considered. He reported that right here in Hudson County (not in text books) one case in every four hundred had a **single** kidney. Warning—be sure the patient has **another kidney** before removing the one condemned.

Dr. J. L. Rosenstein had a case where appendicitis was diagnosed, pain being the only symptom. Surgical investigation revealed a properitoneal hernia with deeply congested gut.

Dr. Jaffin wished to know if true inflammatory rigidity could be suspended by the patient, if his attention were diverted, and mentioned the deceptive symptomatology which could follow a large dinner with so-called indigestion. Dr. Dickinson replied that he had seen cases where the patient could apparently temporarily suspend inflammatory rigidity, to some extent.

Dr. W. Homer Axford, Roentgenologist to Christ Hospital and Bayonne Hospital, referred to the great light that his sphere of work had thrown on intra-abdominal affairs, It had been proven that the appendix was part of the colon, and that the appendage filled and functionated like unto the large bowel. In attacks of acute indigestion the bowels were involved and the appendix also. and if all such cases were operated on, many of them would show acute well defined irritation of the gut and appendix. These attacks provoke the tissues to throw off large quantities of mucus, and in the final attack the appendix becomes filled with micro-organisms. and destruction of tissue ensues. By the X-ray and bismuth, sometimes beautiful diagnoses can be made; sometimes not. Practitioners, in general, expect more than can be given. He had seen a very interesting and puzzling case that day in New York. A woman operated on a year ago for appendicitis, still complained of the same disturbances that preceded her visit to the surgeon, from whom no information was obtainable. After being under observation for ten days, he was able to demonstrate that her appendix was still there. In order to make positive roentgenological diagnosis, infinite care and patience and experience were necssary.

Dr. Spence answered Dr. Jaffin's inquiry to the effect that when some patients have made dignoses of appendicitis on themselves, and fear operation, they do mask this symptom. The only way to get clear is to make repeated examinations. He wished to refer to a class of cases seen not infrequently in hospital work, where a child has been taken with vomiting and diarrhoea, presumed to be some simple gastro-enteric disturbance, and four or five days later the attendant wakes to a realization that he has a violent appendix on his hands, and he characterized this attitude as one of neglect on the part of the physician in charge. He trusted the younger men would ponder over his remarks, and seize the opportunity to improve themselves in diagnosis. The lack of interest in out-door departments in some cases has forced hospitals to take a paid man. This will limit the opportunity to a few. The young man may say he cannot afford to devote the time, but some day he may wish to become an attending physician in some hospital, and he may not be able to qualify, and, furthermore, he is overlooking the amount of charity the visiting gives in comparison to what he is paid for. Anything worth having often demands sacrifice.

Dr. Dickinson agreed with Dr. Spence on the dispensary problem. He believed many of the younger members in the profession wanted to cut people, but they did not wish to do anything to themselves for their own advancement, and the man who disregards the smaller things in his preparation, will neglect greater things if they come to him.

Dr. Harold Brown followed with his paper on "Glandular Tuberculosis." This article and its discussion will be published later.

HUNTERDON COUNTY.

From the Newark Evening News.

The Hunterdon County Medical Society held its annual meeting at Flemington, October 27. Nearly all of the physicians in the county were present. The following officers were elected: President, Dr. H. M. Harman, of Frenchtown; vice-presidents, Dr. A. H. Coleman, of Clinton and Dr. Oscar D. Gary, of Ringoes; secretary, Dr. O. H. Sproul, of Flemington; treasurer, Dr. E. W. Closson, of Lambertville.

MERCER COUNTY.

E. B. Funkhouser, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held in Trenton, Tuesday, November 10th, at 8 P. M. As a rule the society holds its meetings in the City Hall, but this being the night of the annual banquet the meeting was held in the Trenton House.

President Dr. Frank G. Scammell called the meeting to order and after the usual routine of business the society was profitably entertained by an address given by Dr. Edward Milton Foote, of New York City, on Carcinoma of the Mouth. The doctor is well known by the medical profession of this county, hence a large number were in attendance to hear his able discussion of this subject, not only from the point of view of a specialist, but from that of the general practitioner and laity, emphasiz-

ing early diagnosis and consent on the part of the patient for early operative interference.

He divided the subject primarily into two parts, carcinoma of the lip and carinoma of the tongue. In regard to the first part and without going into all the probable causes or etiological factors of cancer of the lip, he emphasized the point that it would be well to bear in mind and look with suspicion upon any crack or induration of the lower lip that persists or would not heal after apparent causes have been removed. If the condition can be seen early—by this meaning before the neigboring glands are involved—he urged that operation should be immediately advised. He also spoke of the difficulty oftentimes of getting the patient to consent to any operation that causes elaborate preparation, such as going to a hospital, remaining in bed, stopping of business, etc. By suggestion of a local anaesthesia often the patient's mind can be influenced, the operation performed, and in a very large percentage of cases a cure is obtained. While to wait for the patient to give his consent for a general anaesthesia and major operation, metastasis may have occurred and the chances for ultimate recovery lessened. He does not consider the prognosis necessarily unfavorable because a second operation is indicated. Of course, this stage emphasizes that it is necessary to do a complete operation, that is remove all the diseased tissue. If necessary re-section of the jaw, which, in accordance with his experience, has given splended results and without necessarily imparing the function of mastication. The doctor showed several patients illustrating results following this operation.

In regard to cancer of the tongue the question of diagnosis often entered and the most likely thing or condition to be differentiated was initial lesion of syphilis. He advised, in addition to complete history of the trouble, use be made of the laboratory test, microscopical and cytological. That the Wassermann test is very valuable in this condition, also that it is not impossible to have the two conditions existing at the same time in the same patient, namely, carcinoma of the tongue with syphilitic infection.

After a free discussion of the paper by the members and visiting physicians, the society adjourned to the banquet hall where an elaborate and excellent menu was served.

While the dinner was in progress, Dr. Frank D. Gray, of Jersey City, president of our State Society, spoke on a very interesting topic, "The Duty we Owe to the Public by Advocating Effective Hygiene and Wise Legislation," and offered many valuable suggestions. Among them was a publicity committee to enlighten the people through the daily press. The value of scientific work also was dwelt upon, emphasizing the fact that the man who does the work receives the greatest benefit. That the younger men of the society should be especially urged to take part in the scientific program.

The social relations of the society should also not be forgotten and effort should be made to keep in close touch with each other and with the State Society.

Dr. Gordon K. Dickinson, also of Jersey City, honored us with his presence and offered many valuable and appropriate remarks.

After a few of our own members relieved themselves of pent-up sense and nonsense interspersed with musical talent, informal adjournment was in order.

MIDDLESEX COUNTY.

Anthony Gruessner, M. D., Reporter.

The Middlesex County Medical Society held its scientific meeting at the Squibb's research laboratories, in New Brunswick, N. J., on November 18, 1914. On account of the abscence of the president, Dr. Meinzer, of Perth Amboy, Dr. F. M. Donohue, of New Brunswick, presided. The meeting presented many interesting features, which served as an inspiration to the members to further such gatherings and make them interesting and instructive to all concerned. Dr. Frank M. Donohue, of New Brunswick, read a paper on "Tetanus," in which he brought out many points of great interest. The paper was most ably discussed by Dr. Sophian, of the Squibb research laboratory. This was followed by Dr. A. L. Smith, of New Brunswick, who presented a case of Osteomyelitis of the ilium in a boy. Dr. Benjamin Guttman, of New Brunswick, in discussing the case, complimented Dr. Smith on the correctness of his diagnosis—the disease being so rare in flat bones.

Dr. Alexander, a chemist of Squibb's laboratory, gave an instructive talk on the improvement in diphtheria antitoxin, demonstrating the method of preparing antitoxins by taking the members through the departments of the laboratory.

Those present at the meeting were Drs. Donohue, Guttman, Smith, Scott, Sophian, Alexander, Brown, Schureman, Hoffman, Gruessner, of New Brunswick; Dr. Carroll, of Dayton, and Dr. Riva, of Milltown.

OCEAN COUNTY.

W. G. Schauffler, M. D., Secretary.

The annual meeting of the Ocean County Medical Society was held on Thursday, November 12, 1914, at the house of the secretary, Dr. Schauffler, in Lakewood. The death of Dr. A. M. Heron, a former president and secretary of the society, was reported and a committee was appointed to draw up suitable resolutions

The election of officers resulted in the following men being chosen to serve for the ensuing year:

President, Dr. George W. Lawrence, Lakewood; Vice-president, Dr. Stewart Lewis, Lakehurst; Secretary, Dr. W. G. Schauffler, Lakewood; Treasurer, Dr. I. H. Hance, Lakewood; Reporter, Dr. R. R. Jones Toms River; Annual Delegate to the State Society, Dr. V. M. Disbrow, Lakewood.

PASSAIC COUNTY.

Charles R. Mitchell, M. D., Secretary.

The regular meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, Tuesday, November 10th, 1914. Dr. J. C. McCoy presiding. Thirty-four members were present, guests being Dr. Burnohl, of the Paterson General Hospital, and Dr. Hyman Udinsky, of Passaic.

Minutes of the October meeting approved. The Board of Censors reported favorably on

the application of Dr. Albert Van Eerde, of Hawthorne, and he was elected to membership, to take effect January 1st, 1915.

The scientific program included reports of cases and presentation of patients as follows:

Urogenital tuberculosis, Dr. Carroll; fracture jaw repaired with Laneplate, Dr. Van Vranken; adeno carcinoma caecum, Dr. Magennis; fracture surgical neck of humerus, showing value of right angle position, Dr. Clay; streptoccoccemia following infection pains, Dr. Clay; ulnar neuroma—two cases, Dr. Bender; ictero-anemia, Dr. Bender; typhoid fever last-four months, Dr. Flitcroft. These cases were discussed by Drs. Brewer, Mitchell, Lucas, Maclay, Bonynge, Spickers, Magennis, Van Vranken, Clay, Greengrass, Marsh, Flood, Rogers and Tuers. The application of Dr. Hyman Udinsky, of Passaic, was referred to the Board of Censors. Dr. Magennis spoke of a proposed amendment under consideration by the Board of Health of Paterson, relative to the appointment of a politician (layman) as the executive head of the board. After considerable discussion Drs. Magennis, Alexander, Wm. Neer, Flitcroft and Clay were appointed a committee to take the matter up with the mayor and state the disapproval of the medical profession of Paterson to such a procedure. Dr. B. H. Rogers, as chairman of the committee on Public Health and Legislation, reported that two irregular practitioners had responded to his persuasive powers by removing their signs and agreeing to seek pastures new.

At the next meeting Dr. John O. Polak, of Brooklyn, will read a paper on "Twilight Sleep; its Indications and Limitations."

Dr. John C. McCoy is president of the society and Dr. Thos. A. Clay is reporter, both of Paterson.

The hospital for contagious diseases, conducted by the Board of Health of Paterson, has been put on a regular hospital basis and a staff appointed as follows:

Drs. Bergin, Briody, Whalen, Hagen, Bender, Rauschenbach, Jacob and Koch; dermatologist, Dr. Mitchell; pathologist, Dr. Gutherson; consulting laryngologist, Dr. Atkinson. It is proposed to establish a training school, the members of which shall be nurses in training at the other hospitals in the city, and to make this a part of the training, leading to a diploma from the other hospitals. Miss Golding, formerly visiting nurse for the tuberculous committee of the charity organization, has been appointed nurse in charge of the institution.

TRI-COUNTY MEDICAL SOCIETY.

George E. Reading, M. D., Secretary.

The Tri-County Medical Society of South Jersey held it annual meeting, at Bridgeton, on October 27th.

The president, Dr. E. S. Corson, of Bridgeton, delivered his annual address, taking for his subject "Osteomyelitis." The address was illustrated by radiographs of cases and one case was exhibited—a woman who had lost both legs from the disease. The radiographs were presented by Dr. W. P. Glendon.

The following officers were elected for the ensuing year:

President, Dr. S. F. Ashcraft, of Gloucester County.

Vice-Presidents, Dr. R. M. Davis, of Salem; Dr. M. F. Sewall, of Bridgeton.

Secretary, Dr. George E. Reading, Woodbury. Executive Committee—C. Frank Fisher, of Clayton; John W. Wade, of Millville; Benj. A. Waddington, of Salem.

A communication was received from Dr. F. D. Gray, president of the Medical Society of New Jersey, requesting that the Tri-County Society of South Jersey invite all the members of the district societies of Cape May, Cumberland, Gloucester and Salem counties to meet with it, at its next meeting, on January 26th, 1915; as the joint guests of Dr. Gray and the Tri-County Medical Society of South Jersey. Dr. Gray requested this so that he could meet all the members of the above district societies.

On motion the society granted the request of Dr. Gray and the joint meeting will be arranged for at Woodbury, on the above date.

Local Medical Societies.

Bayonne Medical Society.

Martin I. Marshak, M. D., Reporter.

The Bayonne Medical Society met at Elks' Hall, on Monday, October 19, Dr. E. E. Lupin was elected to membership and Dr. J. Weiss applied for same.

The society passed resolutions calling upon the council to pass an ordinance prohibiting the sale and use of fireworks.

Dr. A. E. Jaffin, of Jersey City, was the guest of the evening.

The following cases were reported and discussions held:

By Dr. A. C. Forman. A case of supposed chronic appendicitis and gall-bladder disease. On operation found the appendix normal, but the gall-bladder was thickened and much congested. A few days after the operation the patient passed a round worm through the drainage tube.

By Dr. G. H. Sexsmith. A case of gall-stones. A few years ago operated on the patient for appendicitis, and on palpating the bladder at that time he found a few stones. The patient was in rather poor condition, so did not attempt to remedy the gall-bladder condition, thinking to do a second operation at some future date. Was called in to see the patient recently and found her suffering with a typical gall-stone attack. On questioning her found that she had had her tonsils removed the previous summer. The physician told her that her entire trouble was due to the tonsils. This brought to his mind the question of the slaughter of the tonsils, and he reviewed Julius H. Conroe's paper on "The Use and Abuse of the Tonsils." He also reported a peculiar accident which happened a few days before. A boy was swinging an umbrella when it flew out of its handle and struck the patient in the side of the face on the level of the floor of the orbit. The patient when seen was irrational, his left arm was paralysed, as was his left leg below the knee. The opening looked like a cut. X-ray showed a shadow under the bone probably clot, and shadows of small fragments which had been broken off. A decompression operation was done, and

found blood, severe congestion and dilated veins, fragments of broken bone and some pulpification. After operation sensation gradually came back, the mind cleared up, the toes can be moved, but the arm is still paralysed. He thinks that the paralysis is probably due to edema and congestion. Dr. F. C. Corwin defined the attitude of the medical inspection department of the school system on the tonsil question. His records show that the tonsils may at one time be large and at another be normal. Some of the strongest and most energetic pupils, 14 to 15 years of age, have tonsils that sometimes meet. His plan is to give the pupil a note to the family physician when there is any defect in the voice, if they have the nasal tone, puniness, interference with nutrition, or history of tonsilar disease. Dr. W. W. Riha said that he thought that removal of tonsils in the very young leads to disturbances of the growth and of the voice tone.

By Dr. J. A. Jaffin. A case of amoebic dysentery. The patient is a man aged 40, complaining of abdominal pain, tenesmus and diarrhoea. Ascending colon and caecum tender especially at McBurney's point. Rectal examination showed a mass about one inch above the anus, above which was a crater-form depression. Proctoscopy showed an ulcerating, sloughing, bleeding mass. Pathological examination proved it to be a mixture of acute and chronic inflammation, later live amoebac were found. The treatment consisted of emetin by hypo. Symptoms cleared up in five days and patient was discharged cured in sixteen days.

By Dr. E. Thum. A case of ethmoidal sinusitis. The patient had a discharge from the nose for the last year. The discharge on examination was seen coming from under the middle turbinate on the left. Transillumination showed both frontal and maxillary sinuses negative, therefore made the diagnosis of ethmoidal sinusitis. The middle turbinate was removed in order to have better drainage. As there was little improvement and further operative treatment was refused, tried vaccine, using mixed staphylococcus vaccine (stock). The results of this treatment was excellent, the condition clearing up entirely.

Dr. W. H. Axford, in talking of forcible manipulation of joint, especially after long fixation, spoke of having seen many cases in which osteopaths have under an anaesthetic, torn pieces of the articular surfaces. He reported a case of comminuted compound fracture of the ulna, which became infected. The X-ray also showed a separate piece of bone at one side. The infection continued for two months, when another plate showed the separate piece of bone described before, in exactly the same position. On operation this bone was removed with quick recovery. It seems that the fragment of bone had been the cause of the chronicity of the discharge.

By Dr. W. W. Brooke. A case of acute parenchymatous glossitis. The patient had bitten her tongue a few hours before she was seen, when the tongue was extremely swollen, in fact filling the mouth. All the salivary glands were swollen and tense. The patient was unable to swallow and saliva was trickling from her mouth. She was treated with ice and the entire swelling subsided in twenty-four hours.

By Dr. M. A. Swiney. A case of tonsilitis, followed in thirteen days by an acute suppurative appendicitis. He said that tonsils, as a rule, are accompanied by adenoids, that large tonsils give less trouble than submerged ones, that children with large tonsils frequently complain of middle ear disease, and that all tonsils operated upon should be completely removed.

By Dr. M. Shapiro. A case of extra-genital chancre in a man aged 56. He had a rash on his face resembling poison ivy, but the rash on his body was that of secondary syphilis. The chancre was found on his hand. He gave a history of having punched a man in the mouth about one month before.

Dr. S. R. Woodruff reported a series of extra-genital chancres. . A man infected his sweetheart who in turn infected her sister, who then infected her fiance. These chancres were all on the lips. He also reported a case of ascending infection of the urethra and bladder of a man caused by the colon bacillus. The patient gave typical symptoms of an infection of the trigone. The penis was swollen and red at first. This lasted three weeks. After that he had symptoms of posterior urethritis followed by the symptoms of trigonitis as stated above. The discharge showed practically pure cultures of colon bacilli. The treatment consisted practically of injections of cultures of the Bulgarian bacillus. This is the first case of ascending infection of the genito-urinary that he had ever heard of.

In speaking of cases simulating appendicitis he wished to call attention to the fact that in cases of stricture of the ureter with hydro-ureter, we have a symptomatology at times hard to differentiate from appendicitis. To support this statement he cited a case which had been operated on for appendicitis, and a healthy appendix found. Later the symptoms returned with passage of blood in the urine, which gave a clue to the trouble. Examination showed a stricture of the membranous urethra. Three months later had same symptoms but had in addition a mass in the region of the appendix. On operation, an external urethrotomy being done, the urine was released and the mass disappeared. On trying to pass a ureteral catheter he found a marked obstruction a few inches above the orifice.

Dr. C. J. Larkey reported a case of ruptured spleen, which had been caused by a comparatively slight trauma. The patient felt fairly well after the first day and was up and about the house. This continued for five days. He then went into collapse suddenly, was immediately operated upon, and diagnosis of ruptured spleen verified. The rupture was a about two inches in length and was sutured. He also reported a case of laryngeal diphtheria which had to be intubated four times and later developed an abcess of the neck immediately in front of the larynx. This was opened and drained.

Dr W. W. Riha then read the paper of the evening on "Whooping Cough." A copy of his paper is enclosed for publication in the Journal. During discussion Dr. W. W. Brooke said the prevalence of the disease is due to

the lack of proper isolation. The media of infection are the sputum and the droplets. Of the pathology there is very little known. It is possible that clumps of B. G. bacilli act as irritants and produce the cough and the paroxysms. As for the treatment the rule is that such cases are over treated. In talking of vaccine treatment, he wanted to lay stress on the fact that there is often a negative stage. For the first twenty-four to forty-eight hours the patient may become worse. In the catarrhal stage it is better to use a placebo, because the patients easily become habituated to the various sedatives used.

Dr. M. Frank said that the B. G. bacillus was found early in the first week of the catarrhal stage. He also spoke of the agglutination reaction which he said was obtained early. In treatment he spoke of the use of vaccines and sera, and the use of 2% Ag. No. 3 sol. as a swab for the throat. Dr. M. A. Swiney spoke of the use of vaccine therapy in a case of pertussis in a child of six months of age. with remarkable results. He has also used vaccine in children one year old and on some older children and has always had good results. Dr. M. Shapiro wanted to bring forward the fact that pertussis may recur. He told of a case in which the disease recurred every summer for six years.

November Meeting.

The Bayonne Medical Society held a regular meeting on Monday, November 16, 1914, at the Elks' Club.

The fire-works committee reported that the resolutions that were sent to the council were received and that the City Attorney was instructed to prepare an ordinance prohibiting the sale of fire-works during the Fourth of July celebrations, in accordance with said resolutions.

The secretary was instructed to send communications to various medical societies in the county, inviting them to our next meeting, at which meeting Dr. Bainbridge will read a paper.

The following cases were reported and discussion held: Dr. E. Thum, a case of complete atresia of the posterior pharynx. The septum was deflected toward the left, the anterior tip of the inferior turbinate was enlarged but there was sufficient breathing space. The pharynx was completely closed, a cicatrix binding the soft palate to the pharynx. The throat was scarred from old ulcerations extending to the posterior pillars of the fauces. Although there was no specific history, he was inclined to think that the atresia was probably due to syphilis. He wanted to know if anyone had heard of such a condition following the ulcerations of diphtheria.

Dr. F. M. Corwin spoke of the new departure in the dispensary service of the Bayonne Hospital. There was an eye, ear, nose and throat clinic twice a week and a children's clinic twice a week, besides the regular surgical and medical clinics. He reported an obstetrical case which had given him a scare. The patient had had a precipitate labor eight days before, at which there was practically no manipulation and no internal examinations. The temperature shot suddenly to 104; the uterus was flabby and large, and the lochia had stopped flowing. He thought that the fever might be due to absorption from retained lochia, so he gave the patient a few large doses of ergot, which was followed by the expulsion of some clot and an immediate drip of the temperature to normal. He brought this up to show that at times a little thought and conservatism will prevent unnecessary curettments. Dr. W. H. Axford had seen two rare occurrences which he wanted to report. One was a case of attempted suicide in which the bullet had entered through the auditory canal, apparently taking an upward direction. The picture showed the ball lodged below and behind the tip of the mastoid. In its course it had gone through the stylo-mastoid foramen, injured the facial nerve and caused a severe facial paralysis. The second case was a fracture of the head of the radius at its junction with the neck. These cases are very rare. The picture further showed that the fragment had slipped down alongside the neck. There was little chance of the fragment living, so it was enucleated.

Dr. W. W. Brooke reported a case of sepsis following a precipitated labor. The lochia was not stopped. Chills and fever set in on the sixth day. A septic pneumonia followed. Then had a phlebitis of the left leg which was followed by a phlebitic abscess of the right hip region. This abscess went down to the peritoneum and nearly into the joint. The abscess was incised and drained. The patient six months after delivery still has a stiff joint. He called attention to the fact that tuberculosis complicating pregnancy is usually fatal within three years after delivery as illustrated by three cases that he had seen.

Dr. G. H. Sexsmith, operated seven weeks ago on a Pott's disease, doing the Albee operation. Before the operation the patient was stooped and unable to walk without the aid of crutches or of sticks. Now he is able to get about very comfortably without the use of either sticks or crutches, and is not stooped. He also reported a case in which he had placed four sutures into the left ventricle of the heart to control bleeding caused by a stab wound which had pierced the ventricle. He drained it, but feels that if he had closed the wound in the chest wall and aspirated the air out of the pleural cavity, he would have been more successful as far as saving the patient's life was concerned.

Dr. M. A. Swiney suggested that a transfusion of blood would probably have saved the patient. He reported a case of undescended testicle complicated by a congenital inguinal hernia upon which he had operated. After cutting away the spermatic vessels, he found that the vas was too short. So he split the posterior wall of the inguinal canal to allow the vas to come directly through the external ring. This procedure gave him sufficient length, so that he could bring the testicle about one-half the distance into the scrotum, where he secured it with a purse string suture. He also reported two cases of twilight sleep that he had, and seemed to be favorably impressed by this procedure.

Dr. S. R. Woodruff reported a case of prostatic abscess following acute gonorrhoeal urethritis. He made the diagnosis by bi-manual palpation under anesthesia. A perineal dis-

section was done and the abscess was evacuated. The abscess was entirely confined to the left lobe of the prostate.

Dr. C. J. Larkey preferred nitrous oxide to the constant morphinization of twilight sleep.

Dr. M. I. Marshak wanted to know what chance there was for habit formation after the use of morphine or its derivatives for such protracted periods.

Dr. M. A. Swiney then read the paper of the evening on "A Historical Sketch of Percussion and its Discoveries." His paper consisted of a life sketch of Auenbrugger and his work, how through Courvisart the discovery was given wide repute and how it led up to Laennec's discovery of auscultation.

Dr. M. I. Marshak gave a brief survey of the history of the Louvain University and of its medical faculty.

The Morristown Medical Club.

E. Moore Fisher, M. D.,

The members of the Morristown Medical Club met as guests of Dr. F. H. Glazebrook at Day's, Morristown, on October 28th, 1914.

Among the visitors present were Drs. T. W. Harvey, of Orange; Ralph H. Hunt, of East Orange; F. E. Knowles, of Boonton; F. C. Sutphen, of Bernardsville; B. B. Ranson, of Maplewood; A. L. Allaben and E. D. Dean, of Morristown; J. F. Horn, of Morris Plains, and N. H. Adsit and C. A. Plume, of Succasunna. Most of the members were present. Dr. A. A. Lewis was chairman of the meeting.

The paper by the host, Dr. F. H. Glazebrook, was the one recently delivered before the Medical Society of New Jersey at its annual meeting and which was published in the November Journal. It was read on the special request of members of the club who were unable to be at Spring Lake. The subject was "A Plea for More Individual Attention to Patients in the Hospitals." The main point discussed were the ease in which physicians fell into routine methods that might in many cases be unnecessary and which often excited patients before or after operation and so might be detrimental, and secondly a review of answers to questions asked leading surgeons and anaesthetists as their use of hypodermic injections before anaesthesia was given for operations. Dr. Glazebrook himself felt that this custom was useless and might be injurious.

The discussion was joined in by many of the guests and many spoke of the ease with which one fell into routine ways and the too frequent treating of a "case of this or that" disease rather than the patient. As to the use of hypodermics, opinions differed though most thought them often used inadvisably.

A communication was read asking for an opinion from the club as to whether a free dental clinic in Morristown would be beneficial and resolution endorsing the project was carried unanimously.

Drs. J. F. Horn, of Morris Plains, and Dr. E. D. Dean, of Morristown, were unanimously elected to membeship in the club.

After adjournment an enjoyable supper was served.

Physicians' Club of North Hudson.

W. J. Sweeney, M. D., Secretary.

The physicians of the northern part of Hudson County have organized the above club with 38 members and the following officers: President, F. J. Quigley, Union Hill; vice-president, J. L. Evans, Woodcliff; secretary, W. J. Sweeney, Union Hill; treasurer, A. J. Sacco, West Hudson. Permanent meeting rooms have been engaged in Union Hill. Meetings are held on the second Thursday of each month during the season.

At the first regular meeting, October 8, Dr. W. J. Arlitz, of Hoboken, read, by invitation, a paper on "The Psycological Relation of Law and the Doctor," which contained valuable suggestions for physicians unfamiliar with court procedures who may be called as medical witnesses. Those who stick to facts and present them in plain language win respect from courts and lawyers, while those who exaggerate are generally discredited. The paper was discussed by Counselor F. K. Hopkins, of Hoboken; Drs. Fendrich, Poole and others. Mr. Hopkins criticized the use by medical witnesses of scientific terms, which are often obscure to lawyers as well as to juries. A medical witness when unable to answer a question should say frankly, as lawyers realize that the field of medicine is too vast for one man to know all its details.

At the second meeting, November 12, "Fractures of the Upper Extremity," illustrated by X-ray plates. Discussion was by Drs. Quigley, Poole, Brady, Liening, De Meritt and others, and was largely over the relative values of Jones' position and the right-angle splint in elbow fractures. Dr. Lange preferred the right angular position, as less apt to be followed by Volkmann's contrasture, and said that when Jones' position is used the joint must be put in flexion until swelling is gone. All condemned the use of plaster casts in Colles' fracture.

Our program for our first year contemplates papers in about equal number from members and visitors. Of the latter, besides the paper already read by Dr. Arlitz, we have secured promises of two others from well known New York internists.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at Fair Oaks Sanatorium, on Friday, October 30th., 1914, at 8.30 P. M., Dr. Gorton entertaining and Dr. Lawrence in the chair.

The following members were present: Drs. Baker, Campbell, English, Gorton, Hamill, Lamson, Lawrence, Meigh, Moister, Prout, Smalley, Bowles and Jones, and the following persons as guests of the society: Drs. Lewis, Vaughan, Douglas, Fisher and Mills, of Morristown; Dr. Cossett, of New York; Dr. Quinn and Green, of Elizabeth; Dr. Hedges, of Plainfield, and Drs. Ehlers and O'Reilly, of Summit.

The minutes of the previous meeting were read and approved.

A communication from Mrs. Hamilton W. Mabie was read by the secretary, in which at-

tention was called to the fact that the visiting nurse was not making nearly so many calls on needy patients as heretofore and the Visiting Nurses' Association desired an expression of opinion from the physicians of Summit as to the advisability of continuing the services of the district nurse. Drs. English, Hamill and Moister all expressed themselves as being decidedly in favor of continuing the services were indispensable and although possibly the number of calls was less than heretofore, various factors might account for this. Dr. Gorton moved that the secretary communicate with the District Nurse Association to this effect.

Dr. English proposed the following amendment to the by-laws of the society:

A proposed amendment to Article VIII. of the by-laws as amended on June 28th, 1907:

Strike out the words "A majority vote of the total membership is required to elect a candidate," and substitute "A candidate who has been proposed at a previous meeting of the society can be elected to membership at a subsequent regular meeting by a unanimous vote by ballot of all the members present, providing that at least a majority of all the members are present. If more than one candidate is presented, then an informal vote by ballot shall first be taken, and the candidate receiving the largest number of votes shall be the one first voted on for membership. Any candidate who fails of election to membership shall not be voted for again until one year has elapsed."

The paper of the evening was read by Dr. Arnold Sturndorf of New York City on "What We Know About Cancer." The writer summed up in a very masterful manner, the cancer problem to date. He said that we must forget the word "cancer" and think only of malignancy. Expressed in simple terms, the situation is as follows: The normal epithlial growth of the body is due to a balance between certain activating substances and other inhibiting substances. If the former are in excess, we get an overgrowth of epithelium, which may run riot, invade and destroy tissues and cause death from malignancy, so that it seems certain that the future successful treatment of cancer will be a serological one. The serum reaction of Abderhalden occurs only in the destructive and toxic stage of cancer when too late to cure by present methods. If we could get a serum reaction in the primary stage of cancer, we would be very close to discovering the substance which activates the overgrowth of epithelium, which produces cancer. Epithelial overgrowth is a familiar phenomenon; for example, exuberant granulations, keloid, X-ray burns, etc., all of which may go on and develop malignancy. In some cases the borderland between benignancy and malignancy is so uncertain that only the ultimate clinical features can settle the diagnosis. The recognition of plasma cells has made possible the pathological differentiation between inflammatory exudate and cancerous infiltrate.

The contagiousness of cancer and inoculation by contact has now been established. It has also been proven that it is not hereditary. In 18,000 cases carefully examined in Vienna, heredity was not a feature. Bacteriological origin has not been demonstrated conclusively for cancer. The problem of cancer resolves itself, in the last analysis, to the question, "What is the epithelial cell and what is the activating force which produces its overgrowth?"

The paper was discussed by Drs. Hedges, Prout, Baker, Green, Fisher, Lawrence, Quinn and Bowles.

Dr. Watson D. Morris, of Springfield, was nominated for membership, by Dr. William H. Lawrence, seconded by Dr. R. H. Hamill.

The meeting adjourned and refreshments were served.

Association of Attending Physicians to Hudson County Tuberculosis Clinics.

Martin I. Marshak, M. D., Secretary.

This association met at the Jersey City Public Library, on Monday, October 26th, Dr. A. E. Jaffin presiding.

Dr. Henry Allers, of Harrison, was elected to honorary membership; Drs. W. H. Axford, of Bayonne, H. J. Bogardus, of Jersey City, and A. A. Mutter, of Arlington, were elected to active membership, and Messrs. W. H. Burrow, warden of the sanatorium, and Wm. Baxter, editor of the Hudson Observer, were elected to associate membership.

The scientific program consisted of two papers on pulmonary hemorrhage, one taking up the etiology and diagnosis, the other its treatment and prognosis.

Dr. Curtis in his paper on etiology and diagnosis, said that he intended to consider the subject in its broadest senses. The causes of hemoptysis are: Trauma, rupture of an anueism of the arch of the aorta or of the pulmonary artery into a tuberculous cavity or into a bronchus, new growths—especially cancer, ulcerations of the larynx or any where along the tract which usually cause slight bleeding, it may be only spotting. Malignant forms of pneumonia and other acute infections, purpuric diseases, and conditions where the blood pressure is very high, as in arteriosclerosis, may cause hemoptysis. Then there is vicarious bleeding, bleeding due to parasites, and bleeding in mitral disease. The last is the most important because this condition is frequently diagnosed as tuberculosis. There is usually a history of repeated hemorrhages, rales may be found scattered over the bases, gradually diminishing toward the apices. These cases should be watched and a guarded diagnosis given. If areas of consolidation are made out, they are as a rule due to infarcts. He illustrated his remarks by a case in which a diagnosis of tuberculosis had been made by a number of physicians. The sputum was never positive and the patient died eventually of heart failure. The only relief that the patient ever received was from digitalis.

Dr. A. W. Little read the paper on treatment and prognosis of pulmonary hemorrhage. He said, we must consider nature's methods, first, lessening the pressure and decrease in the rate of flow; second, increase in coagulation and thrombus formation; third, lessening of the volume of blood. All patients should be put to bed at once and be reassured. Food should be restricted, liquid and cold. The

bowels should be kept clean by mild laxatives or enemata. The patient should be kept absolutely quiet, using drugs if necessary, as morphine used with care or codiene. The nitrites to reduce pressure are indicated. Depending upon the necessity for speed, amyl nitrite, nitro-gycerine or sodium nitrite may be used. The pressure-raising drugs as, pituitrin, ergot and adrenalin should not be used. Artificial pneumothorax has been advocated but is dangerous. Other methods of limiting the movements of the chest have been advocated, as strapping. The use of ice over the chest will lessen motion and cause local hyperemia. To increase the coagulability, calcium salts can be used but are of no use at the time of the hemorrhage, gelatin is useless, astringents are also useless. Digitalis, strychnine, camphor and alcohol should not be used, because they increase pressure. The prognosis depends entirely upon the individual case. In early T. B. the hemorrhage is slight and not dangerous. In far advanced cases the prognosis is of course worse, especially in nervous excitable cases. One must consider physical signs and symptoms other than hemorrhage in making a complete prognosis

Discussion: Dr. B. S. Pollak said that he has seen cases that have had 20 to 30 hemorrhages and that they are still alive. The most important question in regard to hemorrhage is that of treatment. The mechanical treatment, such as pneumothorax, is not of very much practical use. Since Dr. Macht, of Johns Hopkins has published his monograph on the pharmocological action of the nitrites, the use of these important drugs has been put upon a truly scientific basis. He says that nitrites while they dilate the peripheral vessels, constrict the pulmonary arteries. This fact gives us the physiological action that we are looking for in the treatment of hemorrhage. Morphine should not be used as a routine, but may be used in excitable cases. The routine used at the sanatorium is: Place the patient in bed reassuring him that everything will be all right, give inhalation of amyl nitrite, this is followed by a hypo of 1/100 gr. of nitroglycerine, and ice to the chest. Then sodium nitrite is given until the symtoms clear up. The patient receives very little food. Atropine sulph. in large doses has been advocated by some. Ergot should only be used in cases with very low pressure. Adrenalin is too dangerous a drug to use in this condition. Blood serum is very useful in cases that have small repeated hemorrhages, streaked sputum, or who bleed on the slightest exertion. Von Noorden uses calcium salts to increase the coagulability of the blood. Knipf ties off the limbs to prevent or retard return circulation, hoping in that way to diminish the volume of the blood. Alcohol and syphilis should be added to the causes of hemorrhage. Has seen numerous cases of vicarious menstruation. Most cases that die, do so from inanition.

Dr. G. H. Sexsmith has seen many cases of hemorrhage and has only seen one death. Thinks that Dr. Knopf's treatment is very practical. Dr. W. H. Axford thinks that the diagnosis of where the blood comes from is very difficult. Dr. H. W. Brown said that Bier brings out the fact that there are so few cases of T. B. in cardiac conditions, because of the passive hyperemia present. Dr. W. S. Branner advocated the use of emetine in hemoptysis because of its pressure-reducing action. Dr. H. J. Spalding questioned the ability to give proper treatment for hemoptysis to the poor and ignorant at their homes, where a great deal of this condition is to be found.

Miscellaneous Items.

The Academy of Medicine of Northern New Jersey.

The next stated meeting of the Academy will be held Wednesday, December 16th, at 8.45 P. M., Wiss Building, 665 Broad street, Newark.

The paper will be presented by Dr. Alfred Stengel, Clinical Professor of Medicine, University of Pennsylvania, on "Clinical Forms of Diabetes Mellitus with Discussion of Diagnosis and Treatment."

The section meetings will be as follows:

Section on Pediatrics, Thursday, December 3, at 8.45 P. M. Reports of cases. Paper, "Deformities in Children and Their Treatment," by Dr. Carl R. Keppler.

Section on Medicine, Tuesday, December 8th, at 8.45 P. M. Symposium on Gastric Ulcer: (a) Pathology, by Dr. Harrison S. Martland; (b) Roentgen Demonstration, by Dr. C. Frederic Baker; (c) Diagnosis, by Dr. Maurice Asher; (d) Medical Treatment, by Dr. Jesse D. Lippincott; (e) Surgical Treatment, by Dr. Edward Staehlin. Also reports of cases.

Section on Surgery and Gynecology, Tuesday, December 22, at 8.45 P. M. Reports of cases. Program to be announced by postal card.

Section on Eye, Ear, Nose and Throat, Monday, December 28, at 8.45 P. M. Reports of cases. Papers on Trachoma: (a) Symptomatology and Diagnosis of Trachoma, by Edward L. Bull; (b) Treatment of Trachoma, by Dr. Frederick C. Jacobson. Discussion by Drs. Theron Y. Sutphen, Fred Webner and others.

President, Dr. G. K. Dickinson, Jersey City; secretary, Dr. Emanuel D. Newman, Newark.

American College of Surgeons.

The third annual meeting of this organization was held in Washington, D. C., in November. On November 19 they visited and inspected the hospitals of Philadelphia, and later the hospitals of Trenton and Newark, this State, and New York, and some other Eastern cities before they separated.

Study Club of American Physicians.

The Travel Study Club of American Physicians, which made a successful study tour of Europe last year, has completed the plans for its 1915 study tour to the Philippines, China, with optional return via Siberia and Europe (war permitting) or via Canada. This being the first party of American physicians ever visiting the Far East and the new possessions of the United States, a most cordial welcome can be expected by authorities and members of the medical profession.

Information may be obtained by addressing Dr. Richard Kovacs, secretary, 236 East 69th street, New York City.

THE JOURNAL
OF THE
Medical Society of New Jersey

DECEMBER, 1914.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

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ANNUAL MEETING, 1915.

The Board of Trustees of the Medical Society of New Jersey at a meeting held in Newark, November 18, in carrying out the instructions of the Society, unanimously decided on Tuesday, Wednesday and Thursday,

JUNE 22, 23 AND 24, 1915, AT THE NEW MONMOUTH HOTEL, SPRING LAKE

as the time and place of the 149th Annual Meeting of the State Society.

D. C. English, Secretary.

ANNUAL DUES—1915.

The members of the various county societies are reminded that their dues to the State Society are payable January 1, 1915, and the amount should be in the hands of the treasurer of their respective county societies, not later than January 15th, in order that the county society treasurers may promptly forward them to Dr. Archibald Mercer, treasurer of the State Society, as the Official List of members should be prepared by Secretary T. N. Gray, for the State Society and the American Medical Association, by February 1st.

Unusual delay in receipt or non-receipt of papers read at the annual meeting of the Society and in the return of proof sent for correction, has made the editor's and printer's work in arranging matter for this issue of the Journal very difficult and will account for any omissions or errors that may be found.

CLOSING THE YEAR.

With this issue of The Journal we close another volume—No. 11—and another year's endeavor to set forth the good and faithful work that has been done by those who have had at heart the interests of our profession and of our State and county societies; who have earnestly sought to increase the proficiency and efficiency of the profession through its more thorough organization. They have not labored in vain. There has been decided advance both in the science and art of medicine. There has been a growing interest in the county and local medical societies which of course means the increasing power and influence of our State Society. The late arrival of reports of county and local medical societies has compelled us to omit much earlier prepared matter, and forbids reference to the evidence of the increased life and activity of the profession. We refer, however, to the visits of President F. D. Gray and Secretary T. N. Gray, of the State Society, to the county societies as having been productive of much good, and we note the increasing membership of these societies.

If spared to begin Volume XII., which will commence with the January Journal, we shall hope to refer again to the past and future of our Journal and of the profession's progress and prospects.

In the meantime we extend our greetings to every member of our Society, wishing him or her a very

Merry Christmas

and a bright and happy holiday season in heart, home and professional life.

THE EDITOR'S VISITS.

The editor greatly enjoyed three visits to county medical societies in October, Sussex, Middlesex and Somerset.

The Sussex members came down into Morris County to hold their meeting at the Pine Terrace Inn, and they had the good sense to bring their wives with them, which added greatly to the social features of the meeting, especially at the excellent dinner which the Inn had prepared.

We were glad to note the large attendance and the evident increase of interest in the Society's work. Dr. Frank D. Gray

and Dr. T. N. Gray, president and secretary respecttively of the State Society, made excellent addresses on the advance of the scientific and economic interests of the profession.

The Middlesex County Society also had a meeting that will long be remembered. It, like the Sussex Society, went into an adjoining county to hold its meeting, at the summer residence of Dr. F. M. Donohue, "Cedarcrest," near Bound Brook. It was a social meeting, with a bountiful dinner of good things which the doctor's splendid hundred-acre farm provided. It was the largest meeting the society ever held, 40 being present. Guests were present from New York, Plainfield, Bound Brook, Somerville and Millstone.

Drs. F. D. Gray, president, and T. N. Gray, secretary of the State Society, spoke on the same line of thought as at the Sussex meeting. Drs. W. F. Burrows, of New York; C. R. P. Fisher, of Bound Brook, and E. W. Hedges, of Plainfield were also listened to with pleasure and profit. Dr. Donohue responded to a hearty vote of thanks given to him and his good wife for an afternoon of great pleasure and he invited them to come again next summer.

The Somerset County Society held its meeting, with large attendance at the Ten Eyck House, Somerville. All were pleased to see the society's president, Dr. W. H. Merrill, able to be present after his long illness. It was also a pleasure to have present several guests from the Union County Society—Drs. Hedges, Murray, Runnells and Tomlinson.

Dr. John J. Morehead, of New York, presented a very interesting paper on "The Transfixion Method of Treating Fractures of the Femur."

A most excellent dinner was served at the conclusion of the business by the Ten Eyck House.

It was a pleasure to note at all three of these societies' meetings the general desire for increase of scientific discussions and the unifying and harmonizing of the medical profession through social meetings and intervisitations of adjoining county societies. There seems also to be a desire—which we believe is highly commendable—to have the doctor's wives join in the social part of our meetings.

We call special attention to the fortieth annual meeting of the New Jersey Sanitary Association at the Laurel-in-the-Pines Hotel, Lakewood, N. J., December 11 and 12. The association is doing an excellent work in our State and there should be a large attendance of the doctors of the State as well as of schoolmen, civil and sanitary engineers, health officers and prominent laymen. An outline program appears elsewhere in the Journal.

We regret to hear, as the Journal goes to press, of the death on November 30, of Dr. W. P. Melcher of Mt. Holly, of whom further notice will appear next month; also of the severe illness of Dr. John G. Ryerson, of Boonton, one of the most faithful Fellows of our Society.

We have given a list of the State and Local Homes, Asylums, etc., on page 643; also noted some additions to the Hospitals and Sanatoriums, on page 637. Although much time has been given to have these lists accurate, there are doubtless some errors and omissions.

New Jersey Sanitary Association.

The fortieth annual meeting of this association will be held at the Laurel-in-the-Pines, Lakewood, Friday and Saturday, December 11 and 12, 1914, beginning at 3:45 P. M. on the 11th. The following are the papers announced for presentation and discussion:

"The Regulation of Noises Detrimental to Health," by William S. Tyler, Esq., of Plainfield. Discussion opened by D. C. English, M. D., of New Brunswick.

"The Place of Hygiene in the Public Schools," by Joseph E. Raycroft, M. D., of Princeton University. Discussion opened by H. Brewster Willis, of New Brunswick.

"Relative Efficiency of Liquid Chlorine and Hypochlorite of Lime," by Frank E. Hale, M. D., director Mt. Prospect Laboratory, Water Department, New York City.

President's Address, J. Brognard Betts, assistant State commissioner of education.

"Vaccination and Its Importance in the Public School," by Woods Hutchinson, M. D., New York City. Discussion opened by Dr. W. G. Schauffler, president of State Board of Education.

"New York Harbor Sewage Disposal Problems," by C. E. Gregory, engineer in charge of the Manhattan Borough sewers.

"Some Problems in Medical Inspection," by H. W. Foster, superintendent of schools, South Orange. Discussion opened by Prof. C. N. Kendall, State commissioner of education.

"The Municipal Nurse in Relation to Public Health," by Miss Ella Philip Crandall, executive secretary National Organization for Public Health Nursing. Discussion opened by Chester H. Wells, health officer, Montclair.

"Conservation of Vision," by Norton L. Wilson, M. D., Elizabeth.

J. Brognard Betts, Esq., Plainfield, is president of the association, and Edward Guion, M. D., Atlantic City, is secretary.

Tetanus in the German Army.

Dr. Czerny cites, in the Deutsche Med. Woch., some of the surgical consequences of the war up to the close of the first six weeks. Many wounded were sent to Heidelberg, presumably those most capable of transportation. But 27 deaths have occurred and of this number 8 were due to tetanus. The total number of tetanus victims was 17. The nine survivors are out of danger. This is a remarkable mortality percentage—less than 50 per cent—and perhaps cannot be justly attributed to the treatment which as a rule consisted of antitoxin and the usual sedatives and narcotics. One patient did not die directly of tetanus, but of a double pneumonia after cessation of convulsions. As in the majority of cases tetanus followed shell wounds, an investigation was made of the latter but thus far the tetanus bacillus has not been found. There has not been on hand enough antitoxin for prophylactic use but it will doubtless become the custom in time to treat suspicious wounds with this drug in powder form. Wounded men should not be transported in cars which have been used for horse transport. In addition to tetanus, infection of wounds occurs and gives a mortality. Thus far ordinary and gas phlegmons, blue pus, sepsis, and pyemia have furnished their quota of sickness, but erysiplas and hospital gangrene have not yet appeared.

Military Surgeons' Evenings at Berlin.

At one of these gatherings Jochmann discussed the subject of tetanus in the German Army. The disease is the result of the injurious action of the tetanus toxin on the motor ganglion cells of the brain and cord. These centers are reached through migration of the toxin along the axis cylinders. Naturally the shorter the nerve trunk the more rapidly are the motor ganglion cells reached. Thus, the toxin enter the blood and thence the axis cylinders. The ganglia of the motor nerves of the muscles of the face, jaw, neck, esophagus, etc., are most rapidly reached and give rise to the primary symptoms—lockjaw, opisthotonos, etc. The author illustrated the cinical phases of the disease by epidiascopic pictures. The toxin must be antagonized, first in the blood, then in the nerves, and finally in the ganglia. To attain this end we inject antitoxin intramuscularly and also into the spinal canal. Magnesium sulphate should also be used in routine by the subcutaneous route.

FIRE AT HOME FOR CRIPPLED CHILDREN.

For a few terrible minutes twenty-three helplessly crippled children, many bound rigid to frames, lay on cots on the open-air porch of the Home for Crippled Children, at Clifton and Park avenues, Newark, on the afternoon of November 13, while a twenty-mile wind whipped into flames, the burning porch roof directly overhead. Rescue work, accomplished at frantic but efficient speed, prevented injury or loss of life. The fire was stopped only after it had destroyed the porch roof, and had begun to eat into the second-story walls. The blaze was in the old building of the Home, a three-story converted frame structure formerly a residence that stands on a terrace seven feet above the street level. Besides the children on the porch, there were five patients recovering from operations in a room directly off the porch, and, up-stairs, a woman patient encased like a mummy in plaster and bandages.

Firemen, who were on the scene within three minutes after the alarm had been telephoned; policemen from the Second Precinct, nurses, doctors and internes turned their attention first to getting the hysterical and helpless children out of harm's way. For some stretchers had to be used, but for the most part the rescuers simply picked up the nearest child in their arms and ran from the "old building" through an enclosed passage-way to the new four-story, fireproof brick hospital at the rear of the burning structure. Much credit is due to Miss Emma L. Mueller, the superintendent, for prompt action in summoning help and caring for the welfare of the inmates.

STATE BOARDS OF HEALTH.

An excellent article appeared in the Journal-Lancet, Minneapolis, November 15, by Dr. H. W. Hill, executive secretary of the Minnesota Public Health Association. It is too lengthy for insertion in our Journal this month, but we give the concluding part. The article gives strong arguments for the conclusions arrived at.—Editor.

He says: All these considerations lead me to recommend the following modifications of the present scheme in detail:

The Proper Plan.

First: To divorce wholly from the health work all administration, including that of licensing physicians, etc., not directly connoticed with the prevention of death and disease. Hotel inspection should not be specifically under health, any more than inspection of any one particular conveyance or any one form of toilet. All places and localities are now and ought to be equally under health so far as prevention of death and disease is concerned. No place or locality should be under health in any other direction or for any other purpose. This applies to State institutions as well as to all others.

The licensing of physicians, etc., is extremely objectionable to health work for four reasons: (1) because it is a distraction from the main purpose of death and disease prevention The licensing of railroad engineers or steamboat captains might as well be placed under them as of physicians. Health experts could not conduct the examinations of one more than of the other, although they all have some responsibilities regarding human lives; (2) because it tends to further the already great confusion in the public mind regarding two entirely distinct fields, the care of the sick and the prevention of sickness; (3) because the litigation, examination, pursuit of illegal practitioners, etc., involved has always distracted the unfortunate health officer charged with licensing from his proper duties in preventing disease and death; (4) because the health officer should be in a position to call for and secure the co-operation of the whole medical body; and to be in constant hot water with one or more sub-divisions or individuals, is far from conducive to that

co-operation. He should be able to demand and enforce the one thing valuable to public health, prompt and uniform reports of births disease and deaths. He should not be burdened with determining whether the certificates of preliminary registration, terms and courses of study, etc., etc., of a vast number of miscellaneous candidates satisfy the statutory requirement or not.

Second: The divorcing of the care of tuberculosis sanatoria in the proposed board of tuberculosis from the health work has already been commended. I would further suggest however, that this board be known as the tuberculosis sanatorium board, not the board of tuberculosis. The former title defines its duties, the latter does not. No such board can and it is not contemplated that it should assume the duties of a little health department, dealing with tuberculosis alone; yet this is the natural impression given by the name tuberculosis board. Tuberculosis in its most widespread and important form is an infectious and therefore preventable disease; it is exactly on a par with small-pox or diphtheria and insofar belongs strictly to health department work. Adminstration of sanatoria on the other hand is like the adminstration of any other institution, a matter for a distinct adminstrative body. The tuberculosis sanatorium is in fact simply a hospital for one contagious disease, and should have the same relation to health work that any other hospital for any other contagious diseases should have, i. e., adminstrative independence, subjective to the rules and regulations of the health body regarding contagious diseases and subject to inspection by the health body, for the sole purpose of preventing death and disease, exactly as is any other institution, pubilc or private.

Conclusions.

I conclude then that for the reason discussed, a separate department of health, having a director (who is familiar with health work, but not necessary a physician), as a "cabinet officer;" having an advisory board for legislative action, (composed of those familiar with health work, but not necessarily physicians*); and controlled by a commissioner who shall be a permanent and highly trained man, is the arrangement which should be adopted for Minnesota. The bureau of public welfare as at present proposed would then remain otherwise exactly as it is now, except that the licensing of physicians, etc., would be attached to it, rather than to the health department As a matter of fact however, such licensing would really be more in line with the university work than with the work of any other body and comes logically under the university board of the department of education.

These suggestions have been made after a very careful general consideration of the subject for many years, and a very detailed knowledge of the Minnesota situation. The resolution of the Minnesota State Medical Society for a department instead of a bureau, passed at its recent annual meeting, shows the attitude of the medical men I shall be glad to have your subscribers correspond with me on the subject, in order that I may secure endorsements for, or meet the arguments which may appear to lie against, the plan of a state department of health.

Public Health—A Sensational Problem.

From The Journal-Lancet, Minneapolis.

Nearly every medical journal, many journals not concerned with public health, and many of the leading daily newspapers are publishing articles that directly concern the public good. It is extremely gratifying to note the trend of medical and lay writers in their efforts and willingness to help the masses in this educational campaign. Even teachers and professors in universities, colleges, public and private schools, are adding their influence to conserve the health as well as the comfort of the people.

One may look forward a few years and forecast the attitude of the medical profession, and their relation to public-health welfare. Many lay writers are already calling attention to the fact that physicians give less medicine and more advice. The advocates of fresh air, sunshine, rest and food tempered with self-control, and better morals are increasing daily. This does not refer to the so-called books that are written by half-grown reformers and self-centered philosophers, but to books of scientific value. These can be found at any good book-seller's and particularly the store where medical books are to be found.

The time may come when the newspapers will sensationalize on public-health topics and reports. Already the daily papers of the Twin Cities have given much space to the public-health survey of Minnesota by Dr. Fox, in which he advocates the creation of a stronger "Division of Public Health," and the appropriation of $270,000 a year to put health on a basis. Dr. Fox made a similar survey of the State of Maryland, and the legislature was so moved by his report that they readily granted a large sum for the work of controlling disease. Of course, many doctors will criticize this sum as needless, and the average legislator can be counted on to oppose any such appropriation until the purpose of the grant is fully explained to him.

We spend annually in Minnesota three cents per person to prevent, stamp out, and register disease, while public instruction has more than one dollar per person. If things were evened up a little it would be possible to place Minnesota on a sound public-health basis, and if the doctors and the press throughout the State were to make this demand in the name of the people through direct instruction of the legislators, and the press were to head their reading matter with as heavy type as is used in the war news, the appropriation would be immediately forthcoming. In spite of the rigid economy and the fear of money shortage the people should be protected. It is possible, however, that with a new administration eager to make an economical record and the fact that war has interfered with business and confidence, the coming legislature will overlook the need of more liberal funds for the prevention of disease.

If the people would spend their money a little more freely and have less fear of business depression the country would soon be rushed with business. Even though the East is dull there is no reason why this great Northwest should not show signs of prosperity.

Let the medical profession see what it can do this winter toward making public health a sensational problem.

Therapeutic Notes.

Buzzing in Ears.

According to S. Weissenberg, atropine is beneficial in many cases of buzzing in the ears without recognizable cause. The following prescription is employed:—

℞ Sol. atropin. sulph., 0.01: 15.
Sig.: Ten to 15 drops three times a day.
—Critic and Guide.

Brachial Neuritis.

In the Practitioner for March, 1914, Dr. Howell gives the following points in regard to the treatment of neuritis:

The important point in connection with this, as with other types of disease, is to make sure of the diagnosis, and the pathology of the condition. Having determined the cause, treatment must be directed to that. There are, however, certain points of importance in the treatment of the local condition.

(a) Drug Treatment.—For pain, especially that associated with rheumatic or gouty cases, the following mixture often proves very useful:

℞ Phenazoni, gr. v-x;
Sodii salicylatis, gr. x;
Caffeinae citrat., gr. v;
Sp. ammoniae aromat., f℥ss;
Aq. chloroformi q. s. ad f℥ss.

For the arteriosclerotic cases a mixture containing nux vomica and potassium iodide is often very effective. Aspirin gr. xv is often very useful in the milder cases.

(b) Cataphoresis.—This Howell has found of the very greatest use in relieving pain, and, he thinks, shortening the attack, in cases of rheumatic or gouty origin. The drugs introduced are either 2 per cent. sodium salicylate or iodine. For the former the cathode is used, for the latter the anode. It is preferable to have the arm treated by hot air, or hot compresses, before ionization is begun; the object of this is to get the skin thoroughly moist, thus enabling large currents to be used painlessly, whereby the entrance of the iodine or salicylic acid ions is facilitated.

(c) The limbs should be kept warm by being wrapped in wool, and the weight of the arm supported by a sling.

(d) Should muscular weakness and wasting occur, it is of the utmost importance that the paralyzed muscles should not be stretched either by the weight of the limb or by contraction of the antagonists. This is prevented by putting the limb in a light splint, one made of celluloid being quite suitable for the purpose. The nutrition of the muscles must be maintained by massage and the use of the electric current, in the form of galvanism or faradism, according to the response obtained from the muscle on testing with one or the other.

Dysentery—Treatment Of.

A treatment originally advocated by Eichhorst, viz., an injection of 2 per cent. solution of salicylate of soda into the bowel, is strongly advised by the author. The dose in adults is: Sodium salicylate, 13 Gm. (3 1/4 drams); water, 650 c.c. (1 1/3 pints).

Calomel, 0.3 Gm. (5 grains), is first given. Barley water and boiled milk are ordered for the first day or so, with warm applications to the abdomen. After six hours the injection is given, with a small dose of Dover's powder. The injections are repeated if necessary on the second and fourth, or third and fifth days, etc. In chronic dystentery a 10 per cent. decoction of simaruba bark, 1 dram (4 Gm.) every three hours, is used. In children about 90 Gm. (3 ounces) of the salicylate injection should be used. The injections should be at body temperature.—Dr. W. Lutsch.

Eczema.

Dr. Fellows claims that the following will give immediate relief and cure all forms of eczema:

℞ Lac sulphuris,
Zinci oxidi, aa ʒij.
Ichthyolis, ʒss.
Mentholis, gr. xxx.
Petrolati, ℥iv.
M. Sig.: Thoroughly rub in each night after washing with sulphur soap or some germicidal soap.—Charlotte Med. Jour.

Gastric Catarrh—Atonic.

The following prescription has been found useful in persons who are careless in eating and who have much belching:

Oleoresinae capsici, gtt. x.
Pancreatini, gr. xx.
Pulv. zingiberis,
Pulv. carbonis ligni, of each, gr. xl.
.M Pone in capsulae no. xx.
Sig. One or two t. i. d. with meals.
—Merck's Archives.

Hay Fever.

The following treatment is advocated by Dr. Hoffman. Eight days before the date of habitual recurrence he gives the following mixture:

℞ Calcii chloridi,
Calcii lactatis, aa gr. lxxv.
Syrupi, f℥vj.
Aquae, q. s. ad. f℥vj.
M. et ft. mist.
Sig.: A dessertspoonful three times a day.

Once fever has set in, the patient takes a dessertspoonful every two hours. The calcium salts raise the vascular tonus and diminsh the excitability of the vasodilators.—Prescriber.

Leg Ulcers.

An English surgeon is treating old ulcers of the leg with a spray of pure sulphurous acid, has done so for years, and gets excellent results, provided that the patients keep the limbs flexed and well supported on a chair or cricket. After the spray is used, strips of plaster well dusted in boric acid cover the ulcerated spots.

Mumps—Pain In.

℞ Guaiacolis, gr. xv.
Petrolati,
Adipis lanae hydrosis, aa ʒiiss.
M. Ft. unguentum.
Sig.: Apply on gauze, over the parotid region, three time daily.—Critic and Guide.

Neuritis—Treatment.

Place long electrodes consisting of absorbent cotton wrapped in gauze, parallel in pairs along limbs or spinal column. Current to be transmitted through metallic bands of suitable length. Intensity of current 60 to 80 milliamperes for an arm and 100 to 125 for a lower limb. Sitting to last three-quarters to one hour, and to be frequently repeated. Method used in nearly 600 cases, with excellent results. Traumatic myelitis benefited.—Hirtz.

Ophthalmia-Gonorrhoeal.

Stock gonococcic vaccines used in nine cases causing prompt reduction of swelling and protecting deeper corneal and conjunctival tissues from invasion. Initial dose for babies, 50 millions; subsequently 100 millions. For adults, double these doses. Local cleanliness and antisepsis to be simultaneously maintained.
—Mittendorf.

Syphilis—Massive Doses of Mercury In.

Ehlers, of Copenhagen, in a communication made before the recent International Congress of Medicine, reported his investigations on this subject. His object was to attain Ehrlich's therapia sterilisans magna by means of hypermaximal injections of mercurial salts. He employed the solution of benzoate of mercury, as recommended by Desmouliere and Lafay:

℞ Mercuric benzoate ..... 1 gram.
Sodium chloride ..... 1 gram.
Milk sugar ..... 10 grams.
Sterile distilled water.....100 grams.

Ehlers found that a 2 per cent. solution of benzoate of mercury was still better than the above. He began with injections of 2 centigrams (1/3 gr. of the salt) each, but he proceeded cautiously. He gradually increased the dose to 25 centigrams (4 grs.). Favorable results are reported with the use of this method, which is regarded as superior to the use of salvarsan, at least from an economic viewpoint.—Revue de Therapeutique.

Urticaria.

Dr. Bouchard states that in addition to the removal of the cause and the use of a lotion of two parts of warm water and one part of vinegar, the following lotion is quite effective:

℞ Cocaine hydrochloride,
Chloral hydrate,
Resorcin, aa, 2 grams.
Glycerin, 6 grams.
Alcohol, 40 grams.
Cherry laurel water, 60 grams.
Distilled water, 90 grams.

Urinary Retention—How to Treat It.

"Say," said a medical friend of mine the other day, "I've got on hand a case of urinary retention following confinement. What shall I do for it? I have to use the catheter on this woman every four hours all day long—at night, too—and it is getting pretty tedious."

"It seems to me," said I, "that this is an atropine case. Give your patient 1-100 grain of this drug, repeating the dose every hour or every two hours, until you get full physiologic action. I think that will relieve the spasm of the vesical sphincter."

The next day my friend came in to tell me that his patient was all right. Within six hours after he began the use of atropine, he found the bed flooded! Since then there has been no serious trouble, although he had to wash out the bladder with boric-acid solution and use a few tablets of hexamethylenamine to cure a slight cystitis which developed as a result of retention and the use of the catheter. I urged him to give arbutin a trial also. Today his patient is well.

The essential thing in making good in medicine is to use the right drug at the right time and in the right way. And by the way, atropine is one of the most useful things we have. We do not employ it half enough.—Clin. Med.

Vaccine Therapy for Pertussis.

Dr. L. Lagane, in Presse Medicale, gives the results obtained by Nicolle and Concor in the treatment of 104 cases of pertussis by vaccine. Of these 37 per cent. were cured, and 36 per cent. improved, after from two to five injections had been given in from three to twelve days. Only those cases were cured that were inoculated within the first two weeks of the disease. These results are not as good as were hoped for, but are still encouraging. It should be noted that the injections have not been tried as a prophylactic measure as yet.
— American Journal of Obstetrics.

Flannel cloths wrung out of hot water and saturated with oil or spirits of tupentine and applied, directly relieves deep-seated pain in the chest, stomach, abdomen or kidneys.
—American Medicine.

Thiersch's fluid is made up of 16 grains of salicylic acid and 96 grains of boric acid dissolved in a pint of sterile water. This is cleansing for mucous membranes, such as those of the mouth and eye, and it may be used whenever irritation is employed for cleansing purposes.—Medical Summary.

Do not let your patients with facial eczema wash with just any kind of soap and water. Good soft, or filtered rain-water, in which a little fine oatmeal has been thrown, will provide all that is necessary for ablution in such a case.—Am. Jour. of Dermatology.

Giovanni Zanetti has found that benzol is an excellent solvent for iodine, and furnishes a preparation that is quite efficacious for surgical antisepsis. A 10 per cent. solution of iodine in benzol is called by the author "iodobenzol." This solution penetrates the skin with greater ease than does tincture of iodine. The advantages of the benzol solution are, in addition, the facts that it contains a high percentage of iodine, that it has a marked stability, and that it is much cheaper than the alcoholic solution of iodine, that is commonly used for surgical purposes.—Il Policlinico.

Cannabis Indica in Therapeutics.—Dr. H. A. Hare points out that the use of this remedy is handicapped by its frequent lack of power. Only a preparation which has been physiologically tested should be used. The doses are:

solid extract, 1-4 to 1-2 grain; fluid extract, 4 to 20 minims; and tincture, 15 minims to 1 dram. Cannabis indica is a valuable addition to cough mixtures, as it quites the "tickling in the throat," and does not depress or constipate as does morphine. In migraine a valuable remedy is tincture of gelsemium, 20 drops, followed by fluid extract of cannabis indica, 10 to 20 drops. In some susceptible patients the above dose of gelsemium may produce great depression. Cannabis indica quiets the tremor in paralysis agitans and affords great relief in spasm of the bladder due to cystitis or nervousness. It is useful in the headaches of the menopause and in those due to retinal asthenopia.

Hare has found the following efficient in gastralgia and other abdominal pains:

℞ Tincture of capsicum, ʒ j.
Tincture of cannabis indica, ℥ ss.
Deodorized tincture of opium, ℥ j.
Tincture of chloroform, ℥ j.
Compound tincture of lavender, q.s.ad. ℥ iv.

S. Teaspoonful every hour until pain is relieved. Cannabis indica has been found valuable in the treatment of dysmenorrhea and of nonorganic sexual impotence.—"Practical Therapeutics."

Use of Salt With Food.—Dr. H. O. Beeson, San Bernardino, Cal., in discussing, in the Dietetic and Hygien Gazette, salt as a condument, says that the excessive use of salt with food causes:

1. Inhibition of the production of digestive secretions.
2. Consequent retardation of digestion.
3. Favors the growth of saprophites by reason of delay in digestion, with consequent slight but persistent ptomain toxemia.
4. Retards absorption, hence interferes with the prompt removal of the products of digestion. "Saline solutions are absorbed in a ratio inverse to their density."
5. Being eliminated in large part by the mucous membranes, the exosmosis produced causes exhaustion and final infection, and the foundation of chronic catarrh is laid.
6. The daily extra work put upon the emunctories in eliminating the surplus and the evil effects of the hypertonic osmotic tension on the cells results in general glandular insufficiencies and final degeneration.
7. The hypertonic osmotic tension of the blood serum exhausts the red cells of their water and makes them poorer oxygen carriers, thereby inhibiting metabolic processes and the oxidation and elimination of bodily waste.
8. The bodily distress caused by these disturbances of metabolism and elimination, and the demand for diluent due to the presence of an undue amount of this highly osmotic agent, together with the mucous membrane excitation caused by the excess of sodium chlorid in the mucus bathing them, are the foundation of the drink evil and the sexual perversions. If not the chief cause they are certainly important ones.
9. A sufficient amount of salt to be used daily is 15 to 30 grains to meet all of the demands of nutrition and any in excess of this is not only useless but distinctly detrimental.

Hospitals.

HOSPITALS, ETC., IN NEW JERSEY

Additions and Corrections.

Jersey City—German Hospital, 20 beds; Dr. J. M. Rector, surgeon.

Fairmount Sanatorium, 28 beds; Dr. W. F. Faison, chief of staff.

Dr. Swiney's Sanatorium, for surgical and obstetrical cases, 17 beds; Dr. M. A. Swiney in charge.

Kearny—Stumpf Memorial Hospital, 36 beds; Dr. August A. Strasser, medical director.

Newark—Dr. Hicks' House, for select nervous, mental and habit cases; number limited to four; Dr. W. H. Hicks, in charge.

Riverside—A new hospital will soon be completed here—the result of a legacy left for that purpose.

Summit—Dr. English's House, voluntary nervous cases, chronic diseases and childen, select; Dr. D. E. English in charge.

A New Hospital in Atlantic City.

Pleasantville, Northfield, Seaview and Absecon matrons are making active campaigns in their respective towns to raise sufficient funds to establish a hospital in Pleasantville for the use of mainland residents. They are encouraged sufficiently to believe that by the first of the year they will have work on the buildings begun. The Atlantic City Hospital is the nearest institution of the kind.

Overlook Hospital, Summit.

The formal transfer of Overlook Hospital by Dr. W. H. Lawrence, Jr., to the Overlook Hospital Association, will be made January 1, 1915, according to a resolution adopted by the trustees. Dr. Lawrence, founder of the hospital and its head for many years will continue his interest in and services to the hospital, the management of which will be vested in a board of trustees.

Cooper Hospital, Camden.

From the twenty-sixth annual report of this hospital we learn the following facts:

Two thousand six hundred and seventy-four patients were cared for in the wards, a daily average of 99; they received 36,139 days of treatment; the average stay of each person was 13½ days; about 15 per cent. were private patients.

The tabular statement shows: Number of patients in hospital January 1, 1913, 73; admitted during the year, 2,601. Discharged: Cured, 2,086; improved, 61; not improved, 26; left without permission, 37; died, 283; remaining in hospital January 1, 1914, 81; number of patients who died that were hopeless on admission, dying within 48 hours, 109; patients transferred from one department to another for further treatment, 100. In the out-patient department 8,479 persons were treated, they receiving 31,044 treatments.

Ten nurses completed their course of training and received their certificates of graduation.

The receipts of the hospital were $79,033.73 of which $23,928.71 was contributed by patients, the balance on hand was $2,100.74.

The medical report shows 531 males and 276 females treated, of which 181 were pneumonia cases, 88 enteric fever, 60 gastritis, 65 rheumatic cases. There were 115 deathe—pneumonia causing 35, enteric fever 16, ileo-colitis 15.

The surgical report shows: 590 males and 276 females treated, of which 162 were for appendicitis, 191 fractures, 53 hernia, 54 burns, 17 cholelithiasis; appendicitis caused 18 deaths, fractures 18, hernia 4, burns 12.

The gynecological report shows: 367 cases of which 60 abortion, 67 endometritis, retroversion of uterus 35, salpingo-oophoritis and salpingitis and oophoritis 42. There were only 3 deaths—one each of endometritis, pelvic peritonitis and puerperal sepsis.

The obstetrical report shows 411 cases—93 males and 318 females. There were 166 births, 81 of males, 85 females. Deaths: 17 still-born, 6 premature, two each eclampsia, feetus in utero, placenta praevia and one of septic infection.

The ear, nose and throat report shows: 240 cases with one death from mastoiditis. 210 cases were hypertrophied tonsils and adenoids.

The report of disease of rectum and genito-urinary organs shows: 214 cases, no deaths. There were 47 cases syphilis, 65 of hemorrhoids, 22 fistula.

The ophthalmological report shows: 33 cases, no deaths.

New Jersey State Hospital, Trenton.

There has been issued a Volume of Collected Papers by the Medical Staff of the Hospital, Dr. Henry A. Cotton, Medical Director.

The following are by Dr. Cotton:

I. Some Problems in the Study of Heredity in Mental Disease; II. Comparative Psychological Studies of the Mental Capacity in Cases of Dementia Praecox and Alcoholic Insanity; III. Practical Eugenics; IV. The value of Field Work in the Study of Heredity in Mental Diseases.

The following by Prof. Alois Alzheimer, M. D., of Breslau, translated by Dr. Cotton:

V. The Present Status of our Knowledge of the Pathological Histology of the Cortex in the Psychoses.

The following by Dr. Frederick S. Hammond:

VI. Statistical Studies in Syphilis with the Wassermann Reaction, with Remarks on General Paralysis; VII. Elementary Consideration of Aphasia.

The following by Dr. William C. Sandy:

VIII. Hereditary Ataxia; IX. Polyneuritic Delirium—Korsakoff's Psychosis.

The following by Edwin W. Katzen-Ellenbogen, Psychopathologist at the State Village for Epileptics, Skillman, N. J.:

X. A Critical Essay on Mental Tests in Their Relation to Epilepsy.

New Jersey State Hospital at Morris Plains.

From the thirty-eighth annual report of this hospital we gather the following:

From the Board of Managers' report to the Governor: During the year 2,847 patients were under treatment, 1,450 men and 1,186 women, an increase of 109 over the previous year's report. There were discharged as recovered 84 patients. 195 died—6.85 per cent. of the number treated. There is one physician to each 255 patients, when one physician to every 150 patients has been deemed the proper ratio. The "calamitous over-crowding" is referred to as a matter of very serious consideration. The number of recoveries being reduced thereby. Improvements in buildings and equipment the past year and the needs are set forth for further equipment. The Essex County Hospital for the Insane is then reported and commended. It has 1,614 patients—732 men and 882 women. The Hudson County Hospital, with 772 patients is reported as being purely custodial and there is a lack of the modern methods of treatment. The Passaic County Almshouse has 37 insane inmates—8 men and 29 women.

From the report of Medical Director Dr. Britton D. Evans we cull, briefly the following:

In the 37 years since the hospital opened 11,642 patients have been treated. October 31, 1913, there remained in hospital 2,411 patients—1,225 men and 1,186 women. 545 were admitted during the year. 800 in excess of the accommodations are being cared for.

Those admitted with mental disease not curable is about 60 per cent. Of those 137 are suffering from dementia praecox; 55 have paranoia and 14 different forms of imbecility. These should be segregated in cottages, as more economical and satisfacorty and would leave the hospital for care and treatment of acute cases, with better results to both classes. Of other patients admitted there were 291 or nearly 24 per cent. whose mental disorders were diagnosed as mania and 91, or nearly 17 per cent., with forms of melancholia. In 62 persons the principal alleged cause for condition was intemperance or other excesses; senility was alleged cause in 28 and heredity in 24 persons. In 266 cases, nearly 50 per cent., the cause could not be ascertained by examining physicians before admission. 88 were admitted who had exhibited suicidal tendencies and 35 with homicidal tendencies. The percentage of patients of foreign birth is steadily increasing—this year over 42 per cent. of those admitted.

Eighty-four persons were discharged who had recovered from their mental disease and 135 in such an improved mental condition as to warrant their release. Of those who died 60 per cent. suffered from various forms of mental deterioration known as dementia. The need of change in the Lunacy Law is strongly urged the recent law being complex, causing confusion and could be simplified to the satisfaction of every interest concerned.

Central Indiana Hospital for Insane.

Volume V recently issued, contains the Report of the Pathological Department and the Department of Clinical Psychiatry of the Intitution for two years, October 1, 1911 to September 30, 1912, and for the corresponding period of 1912-13.

The summary of the clinical work of the former year shows 456 cases examined—278 men and 178 women. For the later year 1912-13 the number of cases examined was 235—140 men and 95 women. The frequency with which the various psychoses occurred was as follows—the second year's numbers being enclosed in parenthesis: Dementia praecox and allied psychoses, 93 (43); manic-depressive and allied psychoses, 93 (34); organic

psychoses, 57 (24); unclassified, 51 (28); paranoia, 36 (21); involution psychoses, 33 (15); paresis, 32 (21); infective exhaustion pyschoses, 24 (16); intoxication psychoses, 18 (18); psycho-neuroses, 14 (5); psychopathic constitution, 5 (10).

Dr. M. A. Bahr, Clinical Psychiater, in the first year's report refers to the greatly increased interest in the practical problems of psychiatry, not merely the problems of the care of the insane but also of the prevention and cure of insanity; of the necessarily slow progress in psychiatry and of the new avenues of research and unraveling of the intricate mesh-work of the brain structure; of the two conditions formerly considered as distinct and dissimilar pathological entities now recognized to be manifestations of the same pathologic process, namely, tabes dorsalis and paresis.

In speaking of the problems of preventive psychiatry he says: "They include necessarily the doctrines of heredity, the evils of intemperance, the proper methods of the care and education of eccentric and defective children and the perils of marriage into neurotic families. The masterful studies of Meyer, Hoch and Jelliffe, of the peculiar make-up of certain types psychosos, have brought much valuable information to light in recognizing unstable nervous systems in peculiar children, and through their studies, by applying the unexorable laws of prophylaxis, many times an on-coming psychosis can be prevented. The report of a case of this kind, which we have had under observation for more than ten years, will be noted in the following pages."

A large number of clinical reports of cases of the various psychosis and also of autopsies are given These and several original papers contribute largely to the value of this volume.

City Hospital, St. Louis, Mo.

Deaths for the year just closed were 1,445 in number, as against 1.671 for the preceding year—a difference of 226. To add to the significance of these figures, it is found that the actual number of cases handled by the city physicians was greater during the past year by 2,209 than during the preceding year—the number for 1912-13 being 14,835, while the number for 1913-14 was 17,044. Those figures showing the amount of work done by the people of the hospital force are stupendous.

Guy's Hospital, London.

In the last volume issued of Reports LXVII, 1914, Drs. J. Fawcett and C. H. Rippmann present the subject of carcinoma of the gall-bladder associated with gall-stones. The paper is based on the records of the hospital of the cases of carcinoma of the gall-bladder during forty years—1867-1906 inclusive.

Out of 592 cases in which gall-stones were found at the post-mortem examination, there were 48 cases of carcinoma of the gall-bladder accompanied by gall-stones, a percentage of 12.3. Of these cases 38 were females and 10 males and 38 of the 48 occurred between 41 and 70 years of age. After the appearance of the first symptoms of illness, 34 cases or 71 per cent. lived six months only, 10 others succumbed within twelve month. A diagnosis of carcinoma of the gall-bladder was not made in anyone of the 48 cases, concerning which the authors of the paper say: "A statement which, incredible though it may sound, yet in reality, represents very fairly our present position in regard to diagnosis at the bedside of malignant disease of the gall-bladder."

Tables are given showing the time of appearance and degree of pain the existence of jaundice, latter in 29 of 48 cases. Several cases are cited under specified groups and an appendix is added of all cases with findings at autopsy.

The volume contains many other valuable papers—neurological studies; study of 440 cases of hernia; parasyphilis of the nervous system, etc.

London Hospitals.

Dr. A. L. Robinson, in the Michigan State Journal gives an account of his visits to the hospitals in London. He says:

London has 192 charity hosiptals, each one fully and completely equipped. All courtesies are shown visiting doctors and they follow the cases throughout with the attending man who has complete charge of the patient. In that way the work of about six attending men can be personally followed. Post-mortems are performed on all patients dying in the hospital and at times when visiting physicians can be present, i. e., when clinics are not in progress. Excepting the work done in the cancer hospital the technic is not as good as one would expect it to be.

Patients are required to be in the hospital from twenty to forty hours before operation. Ether is the anaesthetic in general use. Spinal anaesthesia is also used successfully. Radium is considered a palliative remedy only. X-rays bring the best results. Heat treatment considered of doubtful value. Mr. Lane does splendid work although his ideas are considered far-fetched in other parts of England.

Vienna Hospitals Crowded.

Vienna hospitals and all temporary asylums for sick and wounded soldiers are fearfully crowded. The city council has decided to build additional wooden barracks hospitals, which will be furnished with 10,000 beds.

The great block of buildings comprising the University of Vienna has been given over entirely to wounded soldiers. The students now meet in improvised lecture rooms in various public buildings.

The Teaching Hospital.

Professor Welch, of Johns Hopkins Hospital, Baltimore, in his Cincinnati address, used the following language: "The most urgent need for medical education to-day, thus, is the teaching hospital. A teaching hospital means something more than that the medical school is there on sufferance. It means being there by right. It means that the whole hospital shall be freely available for teaching purposes. It means, in short, that the professional staff of the hospital shall be controlled by the University Medical School. This means that the selection of physicians, surgeons, pharmacists, trained nurses, and all skilled operators and workers in the city hospital should be appointed, not by politicians, or even a Board of Medical Advisors to a Director

of Public Safety, but by the medical school authorities. * * * I wish to disabuse the mind of the public also of the idea that the use of the hospital for teaching purposes carries with it any danger to the patient. It carries only actual advantage to the patient. * * * You can rest assured that the use of the hospital for teaching makes it a far more useful institution in the care and treatment of patients, as well as in determining the causes of disease. If that were not so, I could not justify my plea, because the primary use of the hospital is for the welfare of the sick. The greatest hospitals of the world belong to this class of teaching hospitals."

The Hospital for Deformed and the War.

I have just gone through from cellar to roof, the Hospital for Deformities and Joint Diseases, on Madison avenue. They are doing excellent work there. Tiny infants but a few days old, children and youths of both sexes, and men and women of advanced age are there. Crooked backs, clubfeet and club hands, bowlegs and knock knees, ankylosed joints, infectious arthritis, Pott's disease, infantile paralysis, rickets, etc., etc., are represented here. And the work that is being done in this hospital and clinic seems to be real good work. Some genuine results are attained. Many of these cases are cured, many are improved. It was pleasant to see what advances orthopedic surgery has made in the last decade, to see how much can be accomplished with sunshine, fresh air, massage, gymnastics, plaster casts and traction apparatus. And it was also pleasant to contemplate the many physicians and nurses, masseurs and masseuses who devote so much of their time, a good deal of it gratuitously, to alleviating the pain and deformity of those cripples and to transforming many of them into what we call useful, by which we mean selfsupporting, capable of eking out a living, members of society.

Yes, such hospitals are quite inspiring, and all honor to the men and women who spend some of their superfluous time, money and energy in an attempt to make the deformed less deformed, to render the unhappy and wretched a little less unhappy and wretched. But as I left, after congratulating the chief physician, Dr. Frauenthal, on the splendid work they were doing, a sense of the utter futility, nay the absurdity of the whole thing, took sudden possession of me. Here we spend time, money and energy to make a crooked back a little less crooked, to straighten out a clubfoot, to cure or improve a tuberculous hip joint. And the joy is great when a rickety or paralytic child that was unable to walk before, shows its ability to make a few steps. Yes—and there, there across the pond, ten thousand of the healthiest and physically the best members of the most civilized nations are irreparably mangled and maimed, deprived of their arms and legs in one hour. Here we rejoice at having saved the life of a deformed tuberculous weakling, who will never be a really healthy member of society, and will either die at an early age, or will give birth to similar weaklings, and there are ten or twenty thousand perfect specimens of manhood are blown into atoms or sent to a watery grave at the bottom of the sea in one day. Isn't this a crazy world?—Critic and Guide.

Medico-Legal Items.

Physician Held Entitled to Injunction Against Former Partner.

(Marvel vs. Jonah (N. J.), 90 Atl. R. 1004)

The Court of Erros and Appeals of New Jersey reserves a degree of the court of chancery so far as it refused the complainant an injunction. The court says that the vice-chancellor before whom the case was heard in the court below held that the complainant was entitled to an accounting, and to have the partnership dissolved because of breaches of the partnership agreement by the defendant, but refused to enforce against the latter his covenant to refrain from practicing his profession in the city for a period of three years, in case the partnership was terminated because of violations of the contract by him. The conclusion of the vice-chancellor that it would be unjust and unnecessarily oppressive to enforce the restrictive covenant against the defendant seemed to be based on the idea that, although the independent practice of his profession in that city by the defendant would result in a loss of patients by the complainant, yet, even after such loss, the latter's practice would still be so large as to be beyond his ability to cope with it without the assistance of others, and consequently, that the restraint sought by him against the defendant would be of little value to him if granted. The premises, however, did not justify such a conclusion. If the complainant had built up a practice so large that he was unable to take care of it without the aid of qualified assistants, he was entitled to the emoluments thereof, and to be protected against the loss of those emoluments through illegal competition. It will hardly do to say that a man who has built up a business so extensive that he cannot handle it without the aid of a staff of assistants suffers no loss or injury by its diminution in volume to such an extent that he no longer needs assistance to carry it on, provided that what remains of it is sufficient to fully occupy his own time. Common experience is to the contrary. The right of the complainant to the aid of a court equity to restrain the defendant from violating his covenant to refrain from practicing his profession in the city for three years after the termination of their partnership agreement did not depend on the extent of the injury to his business which would result from such violation. It was sufficient that such injury was material. Moreover, the damages arising from the breach of such a covenant as that now under consideration, would be continuing, accruing from day to day, and it would be impossible to ascertain the money loss sustained by the complainant therefrom with anything approaching accuracy, and an action for damages would afford no adequate remedy. Nor could it be really said that to grant an injunction would be unjust to the defendant because it would deprive him of practicing in the only field of his acquaintance. The fact that the performance of such a promise involves personal hardship,

or pecuniary loss, to the promisor, affords no justification for non-performance.

Hospitals' Liability for Negligence.

The rule adopted by the Texas courts as to the liability of hospitals, organized to minister to all persons of all creeds, for the negligence of physicians, nurses, and servants, who are said not to be agents of the institution, is that such hospitals are liable only when it appears from all the facts and circumstances that the institutions failed to exercise ordinary care in the selection and retention of such employees. In the application of the rule it is immaterial whether the patient upon whom the injury was inflicted to be a beneficiary of the charity of the institution or one who is paying full consideration for his or her care and nursing. In a suit against such a hospital for injuries sustained by the plaintff's wife, who, after an operation, was placed in a bed in which there was a water bottle so hot that it severely burned her, it was held that the selection of an inexperienced person, whose usual duty was to wash dishes and run errands, to perform the task was sufficient to sustain a finding of the jury that the hospital had not exercised ordinary care in the selection of its servants.—St. Paul's Sanitarium v. Williamson, Texas Civil Appeals, 164 S. W. 36.

Hospital Not Liable for Surgeon's Malpractice.

Action was brought against a surgeon and his employer, a charitable hospital, for alleged malpractice of the surgeon in performing an operation. While using a uterine packer, the surgeon lost the spring out of the machine, which became imbedded in the uterus of the patient. The spring was about 12 inches long, and remained some fifteen days after the operation, when it was discovered by another physician, who removed it. One end he found in the neck of the uterus; the other had pierced the posterior vaginal wall, and passed into the rectum. It appeared that the packer used by the surgeon was not then used by those possessing average learning and skill in the locality. It was held that the surgeon was negligent in leaving the spring in the cavity, in failing to discover and remove it, and in using a packer that was unsafe. In the circumstances the jury were held to be authorized to infer negligence without the aid of expert evidence. The surgeon was held liable.

The hospital, however, was held not liable. The rule was stated to be that where a hospital is incorporated for charitable purposes only to found a medical and charitable sanatorium, hospital, and asylum for the care of idigent or other sick persons, the property acquired being devoted exclusively to the maintenance of the institution, such hospital, having exercised reasonable care in selecting a surgeon, is not liable for his negligence or malpractice. The rule applies where the plaintiff has paid for the services rendered, where the amount received was not for private gain, but more effectually to accomplish the purpose for which the charity was founded. Some of the cases hold that a corporation conducting a charitable institution is not liable for the negligence of an employee even where it had failed to exercise reasonable care in selecting him. This is upon the ground that all the institution's property is a trust fund, and that that fund cannot be diverted to extraneous objects. In the present case the court was not required to go to that extent.—Wharton v. Warner, Washington Supreme Court, 135 Pac. 235.

Compensation for Volunteered Emergency Services.

The Municipal Court of the City of New York, Borough of Manhattan, Sixth District, says that during the trial of an action against a corporation the president thereof while testifying fell from his chair unconscious. The plaintiff in this case, a physician making a specialty of treating the eyes, ears, nose and throat, being in attendance as a witness for the other side, volunteered his services, and, with another physician similarly present, sought to restore respiration, but finally pronounced the man dead. The president left a large estate, and each of the physicians presented a bill for $500, but the court adopts the value placed on the plaintiff's services by the executors' experts and gave him a judgment for $15, which it considers the reasonable value of such services, the latter not being difficult.

The court says it is of the opinion that, while the financial condition of a patient does not alone affect the abstract question of the value of a physician's services, it is a proper element entering into the question as to what charge or what reduction in the charge shall be made by him by reason of such financial condition. So a patient of no means, or of limited means, may prove that his circumstances and station in life are such as to render a physician's charge exorbitant and out of all reason and proportion to the patient's ability to pay, while the same charge to a person of large means would not be considered unreasonable. The financial condition of a patient is an element that it may be assumed is considered by both physician and patient when the services are contracted for, rendered, and accepted, and may also be considered by the court in determining the reasonableness of the charge; and that element should apply to a case in which there is and was no contract, but a mere fiction of law creating one, else, in a case where services are rendered to an unconscious man who never recovers, the charge against his estate might be so great and unreasonable as to be out of all proportion to the value of the estate.

This court is unable to draw a distinction as to the right of recovery between a case in which the physician is called by a stranger or spectator and one in which he proceeds to treat a person while unconscious, or in extremis, without being asked to do so. The right to recover in both cases is the same, and the argument to support such right could be carried to great length. In the court's opinion there is an implied contract in both cases, and, if the physician chooses to stand on his legal rights to recover, he is entitled to enforce those rights and must receive what his services are reasonably worth, regardless of what may be considered the ethics of the medical profession in such a case, with which the court is not concerned. When duty requires the physician to give his aid, and he has given it, he may expect payment by reason of the promise created by law from the patient to do so, although the patient never asked for the aid

or consented to it being given. In an emergency case, requiring immediate attention to save life, the physician when called, or when he volunteers his services, should not stop to inquire by whom he will be paid, or to make it known that he expects to be paid. It would be inhuman to do so or to give the subject a thought. Offering his aid does not establish the fact that he intended his services to be gratuitous. Whether or not he did offer aid is a question of fact.—Schoenberg vs. Rose, N. Y., 145 N. Y. Supp. 831.

Deaths.

JACKSON.—At Matawan, N. J., November 17, 1914, Dr. Andrew J. Jackson, aged 74 years.

Dr. Jackson graduated from the Medical Department of the University of Buffalo, N. Y., in 1873 and settled in Matawan about forty years ago. He was a member of the Monmouth County Medical Society, the Medical Society of New Jersey and the American Medical Association. He was also a member of Matawan Lodge, F. and A. M., and Glenwood Council, Royal Arcanum.

PEMBERTON.—At Long Branch, N. J., November 11, 1914, Dr. Harry M. Pemberton, aged 65 years. He was born at Oceanport. He practiced medicine 30 years at Long Branch.

WORRALL.—At Creskill, N. J., October 24, 1914, Dr. Isaac G. Worrall, aged 86 years. Dr. Worrall studied medicine with Dr. Valentine Mott, the noted physician of New York, over sixty years ago. He retired from practice in a few years and entered upon business life.

McELHINNEY.—At the St. Elizabeth Hospital, Elizabeth, N. J., November 23, 1914, Mrs. Lucy Warwick McElhinney, wife of Dr. Dennis R. McElhinney, of Elizabeth, aged 32 years.

Personal Notes.

Dr. Clara K. Bartlett, Atlantic City, medical inspector of schools, spoke at the Mothers' Congress annual meeting in Atlantic City, November 13 and 14.

Dr. Lewis C. Baird, Ogdensburg, spent a few days in New York City last month.

Dr. Alice B. Condict, Orange, presented a paper at the meeting of the Amer. Electrotherapeutic Association on "The Value of Movement Cure—Active and Passive—in Hernia and Uterine Displacements."

Dr. Fred M. Corwin, Bayonne, in a recent report to the Board of Education, called attention to the very faulty heating and ventilating devices now in vogue in some of the new school buildings.

Dr. Walter P. Glendon, Bridgeton, spent a week at Rochester, Minn., last month, attending the Mays Clinics.

Dr. William Martin, Atlantic City, was elected a vice-president of the American Electrotherapeutic Association at the annual meeting in September. He read a paper on "A Study of Blood Pressure; its Variations and Treatment."

Dr. William G. Schauffler, Lakewood, surgeon-general of the N. J. National Guard, conducted a tactical hike and lectures and provided a dinner for medical officers of the guard on November 13th, followed by a lecture by Mayor H. L. Shepherd, of Fort Hancock.

Dr. John B. Seeds, Trenton, and wife recently returned from a month's stay in Florida.

Dr. Norton L. Wilson, Elizabeth, on "Faucial Tonsils as a Gateway to General Infections," appears in the A. M. A. Journal of November 7, 1914.

Dr. John S. Yates, Paterson, at the recent meeting of the American Electrotherapeutic Association discussed "Phototherapy and Apparatus" in treating diseases.

Dr. William H. Lawrence, Summit, is spending a few days in the South gunning.

Dr. Edgar N. Brasefield, Phillipsburg, recently enjoyed a fishing and hunting trip to Waterloo.

Dr. Alfred Cornwell, Bridgeton, recently returned from a gunning trip in the South.

Dr. Lucuis F. Donohue, Bayonne, had his residence damaged by a severe fire to the extent of about $3,000 on November 18th.

Dr. Henry W. Kice, Wharton, addressed the members of the South Side Home and School Association, November 18th.

Dr. E. Lucas Henion, Paterson, spent the month of November hunting game in the wilds of New Brunswick, N. J.

Dr. David H. Oliver, Bridgeton, has recovered from a severe illness and has resumed practice.

Dr. J. Willard Farrow, Dover, president of the Board of Education, addressed the Home and School Association of Dover, November 17th.

Dr. Jennie S. Sharp, Camden, addressed the First M. E. Sunday School, Gloucester City, November 8, on "Temperance."

Dr. George H. Taylor, Maplewood, medical inspector of schools addressed the Wyoming Home and School Association on "Hygiene for School Children," on November 11th.

Dr. John H. Winslow, Vineland, and family recently returned from a New England automobile trip.

Dr. Anna B. Newton, South Orange, had an article in the Newark Evening News, November 5, on "Care of the Eyes." Dr. William Petry, Newark, has changed his place of residence and office from South Orange avenue to 109 Treacy avenue, near Clinton avenue.

Dr. Jacob C. Price, Branchville, was appointed foreman of the United States District Court grand jury, Newark branch, for the November term.

Dr. Joseph C. Marshall, Atlantic City, and wife, are enjoying an extensive motor trip through New Jersey, Pennsylvania and down through Virginia. They will spend a month on the road.

Dr. A. Burton Shimer, Atlantic City, spent the last two weeks in October at a mountain resort.

Dr. C. C. Charlton, Atlantic City, and wife, attended the meeting of the Society of Laryngologists, at Boston.

Dr. William W. Knowlton, Camden, who spent several weeks in the west in an effort to regain his impaired health, returned last month in a much improved condition.

Dr. David H. Oliver, Bridgeton, who underwent a surgical operation at his home recently, has recovered.

Dr. Simon F. Wade, Elizabeth, and wife spent several days recently with the doctor's parents at Hackettstown.

Dr. F. Vernon Ware, Millville, was elected in November a member of the local Board of Health.

Dr. George L. Johnson, Morristown, enjoyed a brief needed vacation last month.

Dr. John E. Anderson, Neshanio, has recently recovered from an illness that confined him to his home.

Dr. J. Wellington Campbell, Short Hills, has been appointed a commissioner to make assessments for rebuilding of Main street, that town.

Dr. James B. Griswold, Morristown, entertained the Shakespeare Club, of that city, at his home one evening last month.

STATE AND LOCAL HOMES, ASYLUMS ETC.

Ancora—See under Camden.

Boonton—New Jersey Firemen's Home, for aged New Jersey Firemen; Dr. Cuthbert Wigg, physician; William Brown, superintendent.

Burlington—Masonic Home of New Jersey, 150 beds; Dr. J. B. Cassady, physician; Aizi Lake, superintendent.

Trenton—Odd Fellow's Home for New Jersey members, 55 beds; Dr. Elmer Barwis, attending physician; Mrs. E. Paul, matron. (For disabled soldiers and sailors, deaf, boys and girls—see under State Hospitals in November Journal.)

For Disabled Ministers and Missionaries

Newton—Merriam Home, 23 beds; Dr. Ephraim Morrison, physician; Mrs. Mary Tuttle, superintendent.

For the Feeble-Minded.

Cranbury—The Larches, educational sanatorium, 36 beds; Drs. Eloise Gordon and B. S. Van Dyke, physicians.

Haddonfield—Bancroft Training School, 50 beds; Dr. E. A. Farrington, president medical staff.

(See also under State Hospitals, etc., November Journal.)

For the Aged—Both Sexes.

Beverly—St Joseph's Home, 75 beds; Dr. George T. Tracy, physician.

Collingswood—Methodist Episcopal Home, for the aged and infirm; Dr. E. S. Sheldon, physician; Mrs. Mary G. Hall, matron.

Irvington—Bethany Home for the Aged, 70 beds; Dr. Carl H. Wintsch, Newark, chief of medical staff; Mrs. Anna Ebert, matron.

Jersey City—Raymond Roth Pioneer-Altenheim, Dr. F. E. Lambert, physician; Miss F. Latermann, matron.

St. Ann's Home, Sisters in charge.

Lawrenceville—Morris Hall, 80 beds; Dr. Elam F. Fee, attending physician.

Newark—Baptist Home Society of the State of New Jersey, 34 beds; Mrs. A. F. Smith, superintendent.

Home for the Aged, 230 beds.

Paterson—Home for the Aged of the Little Sisters of the Poor, 136 beds; Dr. Frank J. Keller, attending physician.

Homes for Women.

Atlantic City—Seaside Home for Invalid Women, 140 beds; Dr. William H. Bennett, physician.

Cape May Point—Seaside Home for Poor Women.

Elizabeth—Home for Aged Women, 24 beds.

Hackensack—Old Ladies' Home, 27 beds; Dr. A. A. Swayze, attending physician.

Jersey City—Home for Aged Women, 30 beds; Dr. Howard T. Forman, physician; Miss H. E. Meyers, matron.

St. Agnes' Home for Old Ladies, 50 beds; Dr. ———————— physican; Sisters of Charity in charge.

St. Katherine's Home, Dr. William Freile, physician; Sisters (Episcopal) in charge.

Morristown—Old Ladies' Home, 20 beds; Dr. J. B. Griswold, attending physician.

Newark—Home for Aged Women, private; Dr. E. M. Lyon, attending physician.

Home for the Friendless, 73 beds; Dr. Richard Dieffenbach, physician; Miss E. E. Ormandy, superintendent.

Paterson—Florence Crittenton Home, for wayward women, 34 beds; Drs. Golding, Bergin and Morrill attending physicians; Mrs. M. Stumpp, superintendent.

Trenton—Florence Crittenton Christian Refuge Association, 18 beds for adults, 10 cribs for babies; Dr. A. W. Atkinson, physician.

Widows and Single Women's Home, 30 beds; Dr. Paul L. Cort, attending physician; Margaret F. Harbourt, matron.

Homes and Asylums for Children.

Arlington—St. Anthony's Orphan Asylum.

Atlantic City—Children's Seashore House for Invalid Children, 425 beds; Dr. W. H. Bennett, physician.

Camden—Camden Home for Friendless Children, 50 beds; Dr. Alex. McAlister, attending physician.

West Jersey Orphanage for Destitute Colored Children, 46 beds; Dr. Alex. McAlister, physician.

East Orange—Orange Orphan's Home, 80 beds; Drs. R. D. Freeman and A. W. Bingham, attending physicians; Dr. T. W. Harvey, consulting physician.

Elizabeth—Elizabeth Orphan Asylum, 65 beds; Dr. P. DuBoise Bunting, attending physician.

Englewood—Daisy Field's Home and Hospital for Crippled Children, 20 beds; Dr. H. L. Taylor, New York, surgeon in chief.

Edgewater Creche, fresh air nursery, summer months only; Miss Lucy C. Kellogg, secretary.

Farmingdale—Tuberculosis Preventorium for Children, 180 beds; Dr. Alfred F. Hess, physician in charge; J. Palmer Quinby, R. N., superintendent.

Hackensck—Children's Home, 50 beds; Dr. Edagr K. Conrad, attending physician.

Hopewell—St. Michael's Orphan Asylum and Industrial School, diocesan institute, 250 beds; Drs. T. A. Pierson and M. W. Reddan, physicians. A new wing is being built to accommodate 200 more.

St. Mary's Orphan Asylum, 80 beds; Dr. Thomas McLoughlin, attending physician; Sisters of Charity in charge.

Jersey City—St. Michael's Orphanage, 175 beds; Sisters of Charity in charge.

Kearny—St. Anthony's Boys Orphan Asylum.

Manahawken—Pine Top Farm, for sub-normal children; Miss C. L. Bishop, manager.

Morristown—"Summer Shelters," for children and babies, Dr. Francis H. Glazebrook, attending physician.

Morris County Children's Home Corporation, 93 beds; Dr. Henry A. Henriques, president.

Mountainside—Newark Orphan Asylum summer home, winter home in Newark, 100 beds; Dr. Joseph Fewsmith, Newark, medical superintendent.

Newark—Hebrew Orphan Asylum, private, 88 beds; Dr. Benajmin Kaplan, attending physician; Chas. C. Rubens, superintendent.

Home for Crippled Children, orthopedic, 55 beds; Drs. Sidney A. Twinch and J. F. Hagerty, surgeons; Miss E. L. Mueller, superindent.

Newark Orphan Asylum, 100 beds; Dr. Joseph Fewsmith, medical superintendent.

St. Peter's Orphan Asylum, 260 beds.

New Brunswick—Children's Industrial Home, for orphan and homeless children, both sexes; Drs. J. W. Rice and L. P. Runyon, attending physicians.

St. Mary's Catholic Orphan Asylum, 100 beds; Dr. Chas. J. Sullivan, attending physician.

Paterson—Paterson Orphan Asylum, 110 beds.

Plainfield—Hobart Hall Institute for Atypical Children, 25 beds; M. P. E. Groszmann, Ph. D., director in charge.

Sea Isle City—Catholic Home for Destitute Children.

Somerville—Hiram Deats Memorial Home, for children, 30 beds; Memorial Baptist Church, New York, in charge.

South Amboy—Christ Church Home, for orphans.

Trenton—New Jersey Children's Home Society Receiving Home, 50 beds; Drs. Slack Rogers, D'Arey and Connell, attending physicians; C. V. Williams, superintendent.

Union Industrial Home, for homeless and friendless children; Dr. D. Hutchinson, attending physician; Mrs. Nellie K. Crane, matron.

Summit—Arthur Home for Blind Babies, 40 beds; Dr. D. E. English, attending physician; The International Sunshine Society in charge

Home for Incurables.

Newark—Home for Incurables and Hospital, 45 beds; Dr. Sarah R. Mead, physician in charge; Margaret Worthington, superintendent.

New Brunswick—Parker Memorial Home, 25 beds; Dr. Arthur L. Smith, medical director; Mrs. R. F. Noble, superintendent.

Ridgewood—House of Devine Providence, 220 beds; Dr. ———.

Home for Convalescents.

Dumont—Willow-Knoll Farm for Convalescents, invalids, elderly people and tired nurses; Drs. J. E. Pratt and C. A. Richardson, resident physicians; Mrs. F. J. Bandholtz, superintendent.

Ocean City—Sea Haven, rest house for convalescents; Dr. Lawrence Simcox, physician in charge.

Woodcliff Lake—St. Andrew's Rest, branch of St. Andrew's, New York City, 18 beds; Sisters of St. John the Bapitist in charge.

(Doctors who notice any omissions, errors or changes will please inform the editor—Dr. English—New Brunswick.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

A Manual of Diseases of the Nose, Throat and Ear. By E. B. Gleason, M. D., Professor of Otology in the Medico-Chirurgical College, Philadelphia. Third edition, thoroughly revised. 12mo of 590 pages, 223 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $2.50 net.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume III. Number V. Octavo of 190 pages, 61 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Published Bi-Monthly. Price per year: Paper, $8.00. Cloth, $12.00.

Local and Regional Anesthesia, including Analgesia. By Carroll W. Allen, M. D., of Tulane University, New Orleans, with an introduction by Rudolph Matas, M. D., of Tulane University, New Orleans. Octavo of 625 pages with 255 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6.00 net; Half Morocco; $7.50 net.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arizona, April	13	8	5
Arkansas, May*	61	51	10
Colorado, July	13	13	0
Delaware, July	11	11	0
Illinois, June	229	163	66
Indiana, July	42	41	1
Maine, July	35	30	5
New Jersey, October‡	31	20	11
Washington, July	70	64	6

*The Arkansas Eclectic Board examined also 16 candidates, all of whom passed.

‡The New Jersey Board of Examiners also examined the following: 2 osteopaths, both of whom passed; 5 chiropodists, 4 of whom passed and 1 failed; 29 midwives, 24 of whom passed and 5 failed.

The Boston University School of Medicine has received $100,000 for the erection of a Maternity Hospital.

Sir William Osler, formerly dean of the Johns Hopkins Hospital Medical School, and now Regius Professor at Oxford University, has been appointed a colonel in the medical

corps of the British army and has been placed in charge of the hospital service at the front.

The Duty of Research in the University.—Wonderful as were the isolated achievements of the great discoverers in medicine during the past eighty years resulted from organized laboratory effort based on the principle of exact experimental methods; and it is the duty of the university so to organize its laboratories and hospitals that this advance of medicine by research may continue, side by side with teaching, as a university function of benefit to students and faculty as well as to the State and the general public welfare, and thus as an aid to the advancement of civilization.—Richard M. Pearce.

To Modifiy the Law Licensing Midwives.

A proposal to modifiy the law governing the licensing of midwives in New Jersey was discussed at a meeting of the State Board of Medical Examiners held recently. Dr. E. H. Baldwin, president, said the board would ask the legislature to change the law so that the power to designate the length of the school course to be pursued by midwives should be vested in the board instead of remaining arbitrarily at two years.

Under the present law," said Dr. Baldwin, "midwives are required to be graduates from a two-year course in some reputable school of midwifery before they can be licensed. As a matter of fact the board knows of no reputable school in this part of the country which gives a two-year course. The only one the board knows of gives a one-year course, and will not give this to the same person twice. Therefore a good many well-trained midwives are prevented from obtaining licenses."

Public Health Items.

Says Dr. J. N. Hurty, whose specialty is public health: "We need more legislation to help babies and less to help hogs." What can you expect, Doc., when there are so many hogs in the average legislature?—Puck, Nov. 7, 1914.

The Society for the Prevention of Cruelty to Animals, which has been throwing fits of protest against the vivisection of rabbits in the interest of science, appears to be perfectly reconciled to the shipment of many thousands of fine horses to the shambles of the European battlefield.—The Fort Wayne News.

Health Sermons in Richmond, Va.

Fifteen of the pulpits of Richmond were filled November 8 by physicians in attendance at the annual meeting of the Southern Medical Association, who preached special "health sermons."

The Death-Rate a Measure of Intelligence.

If the principles of sanitation, as we now understand them, were put into practice, within fifteen years the average life would increase to 65 years. . . . The death-rate to-day is the measure of intelligence.—Victor C. Vaughan, Journal Michigan State Medical Society.

Diphtheria in Jersey City and Skillman.

More than forty cases of diphtheria were reported in Jersey City last month. It is believed to have spread from North Hudson where a few cases occurred earlier.

A few cases also occurred at the State Epileptic Village last month, but its spread was well controlled.

It is reported that during the three months ending September 30, 6,433 examinations had been made by hookworm inspectors in Arkansas in which 738 infections were found. Since this work was taken up in that State four years ago, 49,961 examinations have been made, and over 10,000 cases of hookworm discovered.

Newark's Experience with Vaccination.

A folder with this title is now being distributed by the Board of Health. Among the figures given for the small-pox epidemic of 1901-1902 are the following: In 195 cases, totally without vaccination, 56 deaths resulted. Among 70 vaccinated persons exposed to small-pox in their homes, 4 deaths occurred. Among 131 cases in which the vaccination mark was more than 5 years old, there were 12 deaths. In 7 cases in which the vaccination mark was less than 5 years old, there were no deaths.

Rabies in New York.—During the recent quarter of 1914, 2,136 dog-bitten persons were examined in this city by officers of the Health Department, and 153 Pasteur treatments were given. Sixty-four cases of rabies were discovered in animal and two deaths from human rabies occurred; another death occurred last week, making three deaths for the year thus far. The Health Commissioner announces that despite the protests of some unreasonable owners of dogs, the muzzling ordinance will continue to be strictly enforced.

Physical Examination of School Children by Private Physicians.—In accordance with a suggestion made by the Committee on Hygiene of the Board of Education, two districts in the Borough of Manhattan have been selected in which to carry on an experimental study relative to the possible desire of parents to have their children examined by their own physicians. If these examinations of children entering school for the first time should be made in any considerable numbers by private physicians, it will allow the school medical inspectors of the Department of Health additional time in which to make examinations of children in the upper grades. If this experiment should prove a success, the system will be put into operation throughout the city.

U. S. Public Health Service on Dr. Friedmann.

After an exhaustive investigation the United States Public Health Service, on November 6th, announced Dr. F. F. Friedmann, the Berlin physician, has no claims to a discovery of a specific cure for tuberculosis. The investigations showed that "one fourth of all the cases receiving the treatment developed running sores or abscesses at the place where they were injected. The report added that while some

persons were buoyed up after an injection of the serum others "progressed to a speedy death."

The Father of Preventive Medicine.

The early history of our hero is veiled in myth and mystery. Born of a persecuted race, adopted as a foundling by a princely house, forced to flee the country for committing murder, the subject of this sketch exhibited marvelous insight and remarkable powers of administration and leadership. Although not a physician as we understand the term, and living long before the days of bacterioligy, he yet was able to draft and enact a sanitary code whose guiding principles are still regarded as correct. In this code he originated an entirely new system of medicine, totally opposed to the prevailing plan. For the curative therapeutic methods then universally followed, he substituted the more philosophic and wiser hygienic and preventive method. Moreover, in the regulations which he formulated, emphasis is laid on discharge from the body (blood, pus, mucus) as vehicles of disease, and on personal cleanliness and isolation as the chief means of preventing infection. A hygienist whose influence has made itself felt throughout the world, and the father of preventive medicine—we salute Moses, maker of sanitary laws.—Weekly Bulletin of the New York Department of Health.

Cholera in the Philippines.

In the Philippine letter in the Medical Record of November 21, it is stated:

In the recent occurrence of cholera in Bilibid Prison, out of a total daily average of some 2,400 prisoners, 84 have been found by the Bureau of Science to be positive cholera carriers, of 3 per cent. Of these carriers, who were held in complete isolation, four developed cholera after being found to be carriers. One developed the disease four days after being found positive, one 16 days, one 17 days, and one 18 days. In the quarantined cell houses cases have occurred at from two and three up to twelve and thirteen-day intervals. At the San Lazaro detention camp one cholera carrier developed an attack of the disease twenty-one days after being found positive. All this has an intensity practical bearing as it illustrates the futility of the usual five-day quarantine as an effective safeguard against the spread of cholera in a very respectable percentage of infections. It also explains very many outbreaks most difficult to understand under the old hypothesis of a five-day incubation period of cholera. Also it very clearly shows the absolute necessity in fighting cholera in looking for the infection outside of the actual cholera cases.

Rules for Preventing Typhoid Fever.

In the Journal of the American Medical Association of June 6, 1914, Dr. Jordan gives these rules:

1. Keep away from all known or suspected cases of typhoid fever.
2. Wash hands thoroughly before meals. Do not use "roller towels."
3. Use drinking-water only from sources known to be pure, or if this is not possible, use water that has been purified by municipal filtration.
4. Avoid bathing in polluted water.
5. Use pasteurized or boiled, instead of raw, milk.
6. Select and clean vegetables and berries, that are to be eaten raw, with the greatest care.
7. Avoid eating "fat" raw oysters and, in general, oysters and other shellfish whose origin is not known.
8. Be vaccinated against typhoid in all cases in which any special exposure is known or feared.

For the community:

1. Insist on the hearty co-operation of all persons with an efficient health officer.
2. Require notification and a reasonable degree of isolation of every known or suspected typhoid case.
3. Exercise strict control over the disinfection of known typhoid excreta.
4. Insist on pure or purified water-supplies.
5. Require pasteurization of milk-supplies.
6. Regard all human excreta as possibly dangerous, and control their disposition in such a way as to prevent contamination of food or drink.

STATE BOARD OF HEALTH.

October Statement of Mortality.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending October 10, 1914, was 3,070. By age periods there were 702 deaths among infants under one year, 225 deaths of children over one year and under five years and 912 deaths of persons aged sixty years and over.

The total number of deaths is 242 less than the previous month, the mortality from communicable diseases being particularly low. The seasonable increase in deaths from typhoid is lower than usual.

The following shows the number of certificates of death received in the State Bureau of Vital Statisitics during the month ending October 10, 1914, compared with the average for the previous twelve months, the averages being given in parenthesis:

Typhoid fever, 31 (21); measles, 3 (22); scarlet fever, 4 (22); whooping cough, 12 (31); diphtheria, 38 (48); malarial fever, 3 (1); tuberculosis of lungs, 277 (309); tuberculosis of other organs, 48 (45); cancer, 179 (182); diseases of nervous system, 238 (295); diseases of circulatory system, 442 (505); diseases of respiratory system (pneumonia and tuberculosis excepted), 133 (203); pneumonia, 100 (254); infantile diarrhoea, 360 (186); diseases of digestive system (infantile diarrhoea excepted), 205 (199); Bright's disease, 247 (249); suicide, 44 (43); all other diseases or causes of death, 706 (694); total, 3,070 (3,309).

Total number of cases of communicable diseases reported during September 1914, was 1,871. In 1913 there were 1,854, during September 1914, there were 273 cases of typhoid fever; 512 of diphtheria; 155 of scarlet fever; tuberculosis, 679 cases.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-Official Remedies, 1914 and of the supplement to New and Non-Official Remedies, 1914 (July 1, 1914) the following articles have been accepted for inclusion with "N. N. R."

Antiseptic Supply Co.: Stypstick Applicators, Alum 75 per cent.

Arlington Chemical Co.: Arlco Urease.

The Bayer Company, Inc.: Cymarin, Tablets Cymarin, Ampoules Cymarin Solution.

Fougera and Co.: Electrargol for Injection, 10 c.c. Ampules.

Hynson, Westcott and Co.: Urease Dunning.

Maltine Co.: Maltine Malt Soup Extract.

H. K. Mulford Co.: Hypodermic Tablets of Emetine Hydrochloride, Antidysenteric Serum in vials containing 50 c.c., Antipneumococcic Serum, Polyvalent, syringers containing 20 c.c. and vials containing 50 c.c., Antistreptococcic Serum, Polyvalent, vials containing 50 c.c., Antistreptococcic Serum, Scarlatinal, Polyvalent, vials containing 50 c.c., Typho-Serobacterin Mulford, Immunizing, syringes containing 1,000, 2,000 and 2,000 million killed sensitized typhoid bacilli.

Schieflelin and Co.: Typhoid Combined Vaccine (Prophylactic), vials and syringes containing three doses, 500 million killed typhoid bacilli and 250 million killed paratyphoid bacilli A and 250 million killed paratyphoid bavilli B, while the second and third dose each contain 1,000 million killed typhoid bacilli and 500 million each of killed paratyphoid bacilli A and A.

E. R. Squibb and Sons.: Acne Vaccine, boxes of 4 syringes containing 25, 50, 100 and 200 million killed bacilli, boxes of 2 syringes containing 50 and 200 million killed bacilli, boxes of 6 ampoules containing 10, 25, 50, 100, 200 and 500 million killed bacilli, with syringes, and boxes of 3 ampoules containing 50 and 200 million killed bacilli with a syringe. Bacillus Coli Communis Vaccine, boxes of 4 syringes containing 100, 200, 500 and 1,000 million killed bacilli. Also boxes of 2 syringes containing 100 and 500 million killed bacilli and boxes of 2 ampoules containing 100 and 500 million killed bacilli, with a syringe. Bacillus Pertussis Vaccine, boxes of 4 syringes containing 25, 50, 100 and 200 million killed bacilli. Also boxes of 2 syringes containing 50 and 200 million killed bacilli. Boxes of 6 ampoules containing 25, 50, 100, 200, 300 and 500 million killed bacilli, with a syringe and boxes of 2 ampoules containing 50 and 200 million killed bacilli, with a syringe. Diphtheria Antitoxin, syringes containing 2,000, 3,000, 4,000, 5,000, 7,500 and 10,000 units. Gonococcus Vaccine, 4 syringes containing 100, 200, 300 and 500 million killed gonococci, boxes of 2 syringes containging 100 and 500 million killed gonococci. Boxes of 6 ampoules containing 50, 100, 150, 350, 500 and 1,000 million killed gonococci, with a syringe and boxes of 2 ampoules containing 100 and 500 million killed gonococci, with a syringe. Meningococcus Vaccine, Curative, boxes of 4 syringes containing 100, 200, 400 and 500 million killed meningococcus. Also boxes of 2 syringes containing 100 and 500 million killed meningococci. Boxes of 6 ampoles containing meningococci, with a syringe. Meningococcus ampoules containing 100 and 500 million killed meningococci, with a syringe, and boxes of 2 Vaccine, Immunizing, boxes of 3 syringes consaining 100, 500 and 1,000 million killed meningococci.

Pneumococcus Vaccine, boxes of 4 syringes containing respectively 100, 200, 400 and 500 million killed pneumococcus, boxes of 2 syringes containing respectively 100 and 500 million killed pneumococci, boxes of 6 ampoules containing 100, 100, 500, 500, 1,000 and 1,000 million killed pneumococci, with a syringe, and boxes of 2 ampoules containing 100 and 500 million killed pneumococci, with a syringe. Pyocyaneus Vaccine, boxes of 4 syringes containing 100, 200, 500 and 1,000 million killed bacilli. Also in boxes of 2 syringes containing 100 and 500 million killed bacilli. Smallpox (Variola) Vaccine (Glycerinated). each dose in separate aseptic sealed glass tube, with bulb and needles. Boxes of 5 and 10 tubes. Staphylo-Acne Vaccine, boxes of 4 syringes containing 100 million killed staphylococci and 25 million killed acne bacilli, 200 million killed staphylococci and 25 million killed acne bacilli, 200 million killed staphylococci and 50 million killed acne bacilli, 400 million killed staphylococci and 100 million killed acne baccilli and 500 million killed staphylococci and 200 million killed acne bacilli, boxes of 2 syringes containing 100 million killed staphylococci and 50 million killed acne bacilli and 500 million killed staphylococci and 200 million killed acne bacilli, boxes of 2 ampoules containing 100 million killed staphylococci and 50 million killed acne bacilli and 500 million killed staphylococci, and 200 million killed acne bacilli with a syringe. Staphylococcus Vaccine, boxes of 4 syringes containing 100, 200, 500 and 1,00 million killed staphylococci. Also boxes of 2 syringes containing 100 and 500 million killed staphylococci. Boxes containing 6 ampoules containing 100, 250, 500, 500, 1,000 and 2,000 million killed staphylococci, with a syringe, and boxes of 2 ampoules containing 100 and 500 million killed staphylococci with a syringe. Streptococcus Vaccine, boxes of 4 syringes containing 100, 200, 500 and 1,000 million killed streptococci. Also boxes of 2 syringes containing 100 and 500 million killed steptococci. Boxes of 2 ampoules containing 100 and 500 million killed streptococci, with a syringe. Typhoid Vaccine, Curative, boxes of 4 syringes containing 100, 200, 500 and 1,000 million killed bacilli. Also boxes of 2 syringes containing 100 and 500 million killed bacilli. Boxes of 6 ampoules containing 200, 200, 500, 500, 1,000 and 1,000 million killed bacilli, with a syringe and boxes of 2 ampoules containing 100 and 500 million killed bacilli, with a syringe. Typhoid Vaccine, Immunizing, boxes of 3 syringes containing 500, 1,000 and 1,000 million killed bacilli.

Waukesha Health Products Co.: Hepco Flour, Hepco Dodgers, Hepco Grits.

Hepco Flour:—A flour prepared from the Soya bean. It is claimed that clinical trial has shown that the small percentage of carbohydrates in Hepco Flour is in the main not sugar-producing, and that it therefore is a suitable food material in cases in which carbohydrates are contraindicated, as in diabetes, amylaceous dyspepsia, etc. Hepco Flour is also sold in the form of biscuits as Hepco Dodgers and a granulated "breakfast food" as Hepco Grits. Waukesha Health Products Company, Waukesha, Wis. (Jour. A. M. A., September 26, 1914, p. 1,113).

Food for Thought.

Absence of occupation is not rest. A mind quite vacant is a mind distressed.—Cowper.

The latter part of a wise man's life is taken up in curing the follies, prejudices and false opinions he had contracted in the former.
—Swift.

The battles of liberty and of right are not all fought with the sword, and the noblest victories are oftentimes peaceful and bloodless ones, but the same heroic attributes are required to win peaceful victories that sustain the soldier in battle.—Matthew Arnold.

The strong man is the wise man, the man with the gift of method, of faithfulness and of valor. The strong man has insight into what is what, into what will follow out of what, the eye to see and the hand to do.
—Carlyle.

Hope is the power of conceiving the best in the presence of the worst, the power of living in the light of the new morning before the first ray of the dawn appears. Hope is the power of living in the iron age, while we are still in the stone age and of living in the golden age while we are still in the iron age. Hope is just the power of living a little in front—that is to say, hope is the capacity of living in the ideal.—J. H. Jowett.

Self Punishment.—The greatest possible chastisement that a man may receive who hath outraged another is to have done the outrage, and there is no man who is so rudely punished as he that is subject to the whip of his own repentance.—Seneca.

Remember, too, that sometimes "from our desolation only does the better life begin," even with disaster ahead and ruin imminent, it is better to face them with a smile, and with the head erect, than to crouch at their approach. And, if the fight is for principle and justice, even when failure seems certain, where many have failed before, cling to your ideal, and like child Roland before the dark tower, set the slug-horn to your lips, blow the challenge, and calmly wait the conflict.—Osler.

Bear what you've got to bear; put up with what can't be helped; make the best of bad circumstances when they are inevitable; and do all these things with the utmost courage and good temper at your command. But don't sit down under a trouble that could be removed if you would only take a little pains with it. That's not courage or resignation—it's merely slackness and stupidity.

We have need of patience with those who love us, and those who love us not, for the greatest things and the least—in our own failure of duty, or others' failure towards us, in every day wants, or in the aching of sickness, or in the decay of age, in disappointment and bereavement, losses, injuries, reproaches, in heaviness of the heart, or sickness amid delayed hopes. In all these things, patience is the grace of God, whereby we endure.

Facetious Items.

"The doctor says there are more white corpuscles in my blood than red ones."

"Well, what are you going to do about it-"

"Nothing. If I had more red corpuscles in my blood I might go around looking for trouble. As it is, I'm content to let trouble look for me."—Birmingham Herald.

"I wouldn't drink out of that cup," interposed little Johnny to the well-dressed young man who had been introduced to his sister the night before. "That's Bessie's cup and she's very particular who drinks out of it."

"Ah," returned the young man, draining the cup, "I feel honored to drink out of Bessie's cup. She is your sister, is she not?"

"Not much. Bessie is my dog."—Harper's.

"The Marvels of Surgery."

Under the above head an item is drifting through the Kansas press that reminds us. At the Mayo Clinic at Rochester, Minn., all sorts of gorgeous lies float about concerning the wonderful things the Mayos can do with the knife. One story says that Dr. Will put a sheep's stomach in Dr. Charley, who then turned around and put a calf's liver in Dr. Will. One day, deponent was sitting in the great lobby of the clinic reading and waiting, when a well-dressed, handsome woman, sitting next to us, touched our arm and asked: "Do you know, sir, if it is true or not that the colored doorkeeper there has an elk's kidney in place of his own?"

We looked at the big, handsome colored boy in uniform, and shook our head and replied: "No, madam; I cannot say as to that. But I know this for a fact: I have a Bull Moose heart!"

She looked at our handsome chest in wonder and exclaimed: "My! They can just do anything, can't they?"

"They sure can," we reflected.—William Allen White in Emporia (Kan.) Gazette.

Need for Haste.—The Doctor—"Mrs. Brown has sent for me to go and see her boy, and I must go at once."

His Wife—"What is the matter with the boy?"

The Doctor—"I don't know, but Mrs. Brown has a book on 'What to do Before the Doctor Comes,' and I must hurry up before she does it."—Puck.

The second course of the table d'hote was being served. "What is this leathery stuff?" demanded the corpulent diner

"That, sir, is a fillet de sole," replied the waiter.

"Take it away," said the corpulent diner, "and see if you can't get me a nice tender piece of the upper, with the buttons removed."
—Christian Register.

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